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November 1960

Attitudes and Contradictions in Our Culture

Generic Education for Social Work:
The Implications for Fields of Practice

Help for the Child in an In-between World

Problems of Child Care in Prolonged Hospitalization

International Problems, Programs and Unmet Needs of Children

Another Look at Agency-Chest Relationships

CHILD WELFARE

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CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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ATTITUDES AND CONTRADICTIONS IN OUR CULTURE*

Hon. Justine Wise Polier
Justice, Domestic Relations Court
New York City

One of America's leading judges presents her observations on the attitudes and contradictions in our culture which affect and determine the services provided to children and their parents.

THE following questions, I believe, reflect the growing concern of many people in social work, psychology, anthropology and other related fields of the social sciences.

How far is the social work profession playing a role in developing new perceptions and so modifying attitudes and contradictions that constrict our services to children and parents?

How far have we been bound by customs and attitudes in conflict with our perceptions?

How far have we tailored or limited our full capacity for service by yielding to attitudes, customs, prejudices that oppose or prevent social change, in order to avoid conflict?

To what extent has such yielding not only perpetuated but provided sanctions for social and psychological conditions that prevent effective service to children and families?

To what extent are we employing knowledge gained from social work and from allied disciplines to correct contradictions that prevent the application of our knowledge to services for children and their parents?

The period of social change in which we live, the broadening of our concern for the peoples of what were once dim and distant lands, as well as increasing knowledge about the dynamics of personal growth and interpersonal relations, all play a part in creating the ferment that is causing us to re-examine our attitudes and our behavior.

Although America is entirely composed of immigrants and their descendants, with the possible exception of the American Indian, significance is still attached to the number of generations that separate a child or parents

from the original immigrant ancestor. Despite our expressed attitude concerning equality, contradictory forces continue to limit services on the basis of the degree of assimilation of the family to "the American way of life."

We take intellectual pride in the concept of cultural pluralism as reflecting recognition that every group that has come to America has added its contribution to the enrichment of our society. Yet in our actions toward newcomers and their children, we too often behave in such a way as to make them feel alien until they have shed or seemed to discard all vestiges of their national or cultural values.

While there is a growing appreciation of the culture, art and history of remote peoples in far distant lands, and other ages, there is still great resistance to appreciation of "strangeness" or "difference" in values, culture and the way of life of newcomers in our midst. There seems to be a prevailing assumption that the "newcomer" should automatically accept our values. There is little evidence that we are as concerned that we should adapt that which we find good in the culture of the newcomer as that he should adapt our culture in toto.

* * *

This contradiction seriously affects and limits our services. The arrogance or ignorance that withholds appreciation from cultural values other than our own is based on the assumption that as other people see our way of life, they will immediately be overwhelmed by the superiority of our values, and therefore will either turn to the task of incorporating them into their way of life, or will, in defiance of "the good," reject them. This position or contradiction not only removes the necessity for seeking to appreciate

* Presented at the National Conference on Social Welfare, CWLA Meeting, Atlantic City, N. J., on June 9, 1960.

the values of other cultures, but makes real understanding impossible. It is frequently responsible for alienating the parents we seek to serve and driving a wedge between children and parents. It is responsible for lessening the sense of worth in both children and parents, their feeling of adequacy, and thus lowering their motivation to function fully.

This contradiction is also responsible for a far too narrow concept in many fields of service to children, where it is assumed that, either in foster care or adoptive placements, a child must "match" a family if the placement is to succeed. Here the contradiction is rationalized into a theory that proclaims that adults can only like children who look like themselves and have backgrounds similar to their own, a veritable ode to Narcissus. By accepting this theory, we even justify the denial of loving family care to children who look different, speak differently, or have cultural backgrounds different from the stereotype of the American majority. This bulldozer approach to the newcomer or the "different" child, which seeks to level the peaks of cultural differences in American life, has contributed to the tragic shortcoming of our services.

The American Indian child provides one startling example. Oldest and most truly American according to all snobbish attitudes, the Indian child, when found to be without family, is often left in a hospital for years and then shipped off to a remote Federal school without ties to his family, tribe, or any other family. The assumption is that looking different, being different, he will not be wanted by an "American" family. It is only recently that the Child Welfare League of America has begun to pierce this wall of prejudice that separates the American Indian child from the American community.

Again in adoption work throughout the country, too much emphasis has been placed on the need to match child and adoptive family. The attitude prevails that only those who are alike can really like or care for one another in terms of family life. As a result, we overlook and underestimate the ability of adults to accept and like a child for what he is, and to enjoy helping a child become what he can become.

Recent thoughtful studies of underprivileged children in our schools also reflect the danger of this contradiction. Educators are beginning to seek more effective ways of helping children of minority groups realize their full potential. They have begun to write about mutual alienation as too frequently characterizing the relationship between schools and families of minority groups. In a recent memorandum from Bank Street College, such alienation was described as a consequence of the school being "geared in its attitude and programs to a mythical all-white Anglo-Saxon middle class community." It points out the importance of being sensitive to the difference between "apparent" and "real" attitudes of parents toward their children's education, as well as to the difference between the "apparent" and "real" capacities of the children. One example cited is that of the assumption of the teacher that the parent summoned to school who fails to come is not interested in her child's education. That the mother may be troubled by her failure to speak English or the lack of a proper dress, or that the child may feel embarrassed about the mother's appearing in school, is too rarely considered.

We must ask ourselves: With how much awareness of our own limited knowledge, with how much sensitivity, do we approach people of other cultural backgrounds to discover their values, the integrity of their actions, their relationship to those values instead of our own? To what extent is there a wall between us because the person whom we are "helping" is not or does not feel free to speak?

* * *

The extent to which services to children and their parents can be constricted and distorted by attitudes and contradictions in our culture becomes most obvious in our services for Negroes. The results that flow from the economic, social and educational deprivations to Negroes are oftentimes used to justify the denial of social services. Indeed, we institutionalize the results of prejudice and then rationalize them.

Thus, we speak of equality of services, yet in the name of child care maintain a double standard, even in the North, for white and

non-white children. Recent thoughtful studies of underprivileged children in our schools also reflect the danger of this contradiction. Educators are beginning to seek more effective ways of helping children of minority groups realize their full potential. They have begun to write about mutual alienation as too frequently characterizing the relationship between schools and families of minority groups. In a recent memorandum from Bank Street College, such alienation was described as a consequence of the school being "geared in its attitude and programs to a mythical all-white Anglo-Saxon middle class community." It points out the importance of being sensitive to the difference between "apparent" and "real" attitudes of parents toward their children's education, as well as to the difference between the "apparent" and "real" capacities of the children. One example cited is that of the assumption of the teacher that the parent summoned to school who fails to come is not interested in her child's education. That the mother may be troubled by her failure to speak English or the lack of a proper dress, or that the child may feel embarrassed about the mother's appearing in school, is too rarely considered.

We accept the fact that children are hard to place in foster homes. We accept the fact that children be placed in foster homes. We accept the fact that children and public opinion are different. We accept the fact that non-white children are often not even considered for foster homes. These children are tragically placed in foster homes, and their lives are indefinite.

The same right to the same shelter as the white child. The white child wanted to go home as a mother, legally to help in the child's life. The white child's life is the white child's life.

I cite the denial of social services to Negroes. The results that flow from the economic, social and educational deprivations to Negroes are oftentimes used to justify the denial of social services. Indeed, we institutionalize the results of prejudice and then rationalize them.

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non-white children. To cite an example: Sur-
renders are freely taken from unmarried
mothers by public departments and private
agencies, when the unmarried mother requests
adoptive placement for her baby, *if* the mother
and baby are white. Then plans for adoptive
placement are made so that the child will
have a permanent home and the unmarried
mother may work out plans for her future
life. However, where the unmarried mother or
her child are not white, the story is quite
different. Here the contradictions within our
culture have resulted in a scarcity of foster
homes and adoptive homes for non-white
children.

We accept the conclusion that such children
are hard or impossible to place in non-white
homes. We accept the theory that they must
be placed, if placed at all, in non-white homes.
We accept the slowness with which voluntary
and public agencies expand their services for
non-white children in need of foster homes.
Too often our public and private agencies do
not even refer them for adoptive care or
foster home care. They, instead, accept for
these children what they know to be the
tragically destructive care of infants in hos-
pitals, shelters and congregate institutions for
indefinite periods of time.

The non-white mother is often denied the
same right to surrender her child for adoption
as the white mother. Ofttimes she is left in a
shelter for months, forced to care for an un-
wanted child until she finally takes the child
home against her will or abandons it. The
mother, denied the right to surrender, remains
legally tied to the child and is deprived of the
help in working through her problems about
the child which adoptive placement offers to
the white mother.

I cite this example because this contradic-
tion not only involves the constriction or
denial of equal services to both mother and
child. It also illustrates another problem that
frequently arises when contradictions in our
culture deny such services. A theory is devel-
oped to justify the wrong. In this case the
theory is that in view of the absence of adop-
tive homes for Negro children, it is good social
work practice to deny the Negro mother the
right to surrender her child for adoption. The

rationale employed is that to do otherwise
would mean the severing of the only natural
tie the child may ever know. Despite good
intentions, a purported, if not contrived,
social work theory is thus used to provide a
sanction for discriminatory treatment against
the mother and the child.

* * *

We have learned that the best potential
adoptive family is the one which can accept
a child for what he is, love him as a growing
human being, and help to develop whatever is
the child's potential. We underestimate the
capacity for love and enjoyment of children
when we assume that families can accept only
children who look like them, or seem to come
from the same social group, and thus can pass
or fit into a social groove determined by the
life of the parents or the mores and prejudices
of the community. By following such an ap-
proach we exclude vast numbers of children
throughout the country from the care they
need.

In addition to cultural segmentation of
communities and the resulting limitation of
services, we find further segmentation on a
religious basis, especially in eastern cities.
Laws enacted to prevent the proselytizing of
children and the protection of their religious
heritage have come to be used to deny chil-
dren the care that is in their best interest—
including the right to adoptive homes, family
care, or even institutional care with their
siblings—if no services are available through
sectarian agencies of their faith or their
parents'. Officials of public departments and
the courts, either through personal conviction
or for reasons of expediency, too often choose
to conform to demands of the sectarian groups,
even when such demands deny the best interest
of the child. It is, indeed, sad when we find
religious or sectarian groups who place more
emphasis on control of "their own" than on
responsibility for adequate services to "their
own."

Despite the positions taken by responsible
professional groups in the child welfare field
that no child should be deprived of an adop-
tive home solely on the basis of religion, we
find that in practice even where there is a
dearth of adoptive families for non-white

children, oftentimes no referral is made unless there is a family available whose faith is that of a parent who has surrendered, or even abandoned, her child.

* * *

Those responsible for the services to children and their parents, like a majority of Americans in our generation, have lived all their lives in a segregated society. The beliefs, feelings, myths absorbed in childhood are deeply rooted and inevitably play an important part in the determination of services rendered. Indeed, they are so strong that, as has been pointed up effectively in the report by the Group for the Advancement of Psychiatry,¹ myths about the superiority of the white race and the inferiority of the Negro race are constantly relied upon to justify both violations of religious faith and American principles. The report further notes that even in the case of those who are able to learn from experience, there is frequently a series of steps in attitude changes rather than an immediate and complete adoption of a new attitude. In the process, there is often a hiding of feelings so as to appear to conform, a deceiving of self through rationalization of contradictions that challenge new attitudes, and an attempt to resolve conflicts or contradictions between ideals and self-protection.

* * *

There is today more understanding of the false sense of inferiority imposed on the Negro child and the meretricious sense of superiority bestowed on the white child as a result of segregation, whether resulting from *de facto* or *de jure* segregation. Here the contradictions, with their resulting attitudes of children toward themselves and the groups to which they belong or do not belong, thus continue to create problems, which in turn will require many types of service if the unhealthy consequences are not to persist.

There is also more understanding that the relations that have developed in northern

¹ *Psychiatric Aspects of School Desegregation*, Report #37, 1957. This report is the basis for the pamphlet *Emotional Aspects of School Desegregation*, 1960, Group for the Advancement of Psychiatry, 104 E. 25 St., N.Y., 50 cents.

areas between white and non-white are for the most part still impersonal and superficial. The resulting attitudes do not engender the mutual respect, confidence and understanding needed, either to overcome the contradictions or to provide services to correct the results of segregation and inferior services for non-white children and their parents.

The continuing contradictions which have resulted in unequal educational opportunities for non-white children again provide support for attitudes that seriously affect the educational services that the community will provide. The low achievement scores in the inferior schools are used to justify the poorer services. This position is sometimes easier to counter than that of "well intentioned" educators and citizens who present communities with the false choice: "Do you want to raise the quality of education for the non-white child by spreading the insufficient number of qualified teachers? Do you want to spread the poverty?" Here again professional people, this time in education, provide a professional sanction for the contradictions within our culture.

* * *

In the field of services to children and families, there is, therefore, need for a clear-cut acceptance of responsibility based on scientific knowledge and professional experience to remove those limitations that are based on discrimination against minority groups. As professional workers assume such responsibility, they will evoke support from those who feel at least some latent discomfort, and they will free others to act as they would will to act. The development of professional group strength will thus enable more and more men and women to implement their growing convictions that the contradictions stemming from discrimination in our culture must yield to the commitment to provide equal services to all children and their parents.

* * *

The old image of rugged individualism, perhaps appropriate to a pioneering society, still pervades attitudes in a culture where interdependence between men and forces far

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beyond their control determine the lives and actions of a vast proportion of our society. We assume that the "normal" man or woman in our society should be able to find his way through work to self-sufficiency and independence. We regard failure to do so as the failure of the person, ascribing various shortcomings to the one who fails: shortcomings in intelligence, willingness to work, emotional stability, etc. At the same time we have not either discovered major factors leading to "failure" in our culture, or developed the methods by which it can be prevented or corrected.

The slow and steady drifting or the downward spiral of the individual, with family attached, is tolerated or left unnoticed until the acute break takes place. Then the expensive machinery: The ambulance and the hospital, the police, the courts and the correctional institution, or the removal of children, are called upon to play the role of the fire brigade. This is a fire brigade unsupported by measures for fire prevention.

Despite an awareness that the inner problems of men play an important part in their ability to function, despite our attitudes toward the significance of a man's sense of self, our social welfare programs and our services have not reached out to give increased confidence either in self or others when most needed. Our attitudes, expressed in scientific studies and writings, recognize the tremendous importance to man of feeling trusted and that he can trust others. Reams have been written about interpersonal relations and the danger to man of feeling lost, useless, unneeded. Still, Social Security, followed by mere public assistance, provides the major and inadequate answer of our culture to the overwhelming sense of self-doubt as men fail to achieve success in material terms.

In the development of our knowledge concerning the problems of individuals, we recognize the importance of one-to-one relationships, the development of confidence in the worker, the value of a transference as part of the treatment process. While we support our intensive approach to mental health problems and casework needs in individual cases, we seem not to appreciate the vast increase in the number of persons in our society who are

overwhelmed or drained of motivation by the sense of loneliness, lack of relationship to other persons, and the feeling that they are of no value in the community.

The origin of the social work profession is to be found among citizens who saw other human beings without food, shelter or medical care, who saw children without homes because of poverty, who saw old people ending their lives in misery. They set out in many ways to bind up wounds and to correct social injustice through what we now call law and social action. Social agencies played an important part in the development of our laws to restrain the exploitation of children, women and workers.

The early optimism that assumed inevitable upward progress in the struggle against social injustice and individual suffering was shattered by the depression. The need for public action, the vast services needed, the extent of suffering through economic conditions utterly beyond the reach of charitable agencies, the relation of economic welfare to political survival of American institutions all contributed to the vast change in the role of social work and social agencies.

With the expansion of various types of public assistance and Social Security, the voluntary social agencies found themselves in a new role. They found themselves relieved of the basic burden of financial relief, and they found large areas of human service not cared for by government assistance. At the same time they became both increasingly dependent on the public agencies for the provision of basic services and more remote from its operations.

Despite occasional statements by a few voluntary agency workers that the public agencies should provide the funds and the private agencies should provide the services, it is pretty well agreed by thoughtful leaders in the social welfare field that such a position is unrealistic and would lead to an arbitrary and disastrous separation of function. The use of money in a society, as in a home, reflects the values of those using it.

Other attitudes that have resulted from the division of services between public and private agencies require examination because they

affect services to both children and families. The workers in voluntary agencies are often regarded as the aristocrats of the profession. This is not only because they may have better educational qualifications, receive higher pay or may be under less pressure. There is often the assumption that since they are providing casework, health, or psychiatric services, and are *not* dispensing money, they are rendering not only more professional or higher level service, but are rendering it to people whose needs and capacity for the acceptance of service put them in a higher category of humanity.

Unfortunately this attitude has too long obliterated the value, real and potential, of those many people who need public assistance, but who would respond to other services if they were made available in the right way. We must ask if we have written off too large a part of our community on the assumption that need for material assistance places one in a lower human category than the need for medical, psychiatric, or other professional services. We must also ask if we have emphasized the value of one-to-one relationships for a comparatively small group, while blinding ourselves to the damage done by services that fail to discover and meet the needs of individuals on public assistance, and that tend to treat them as statistics.

* * *

The genius of the social legislation of the depression days lay in its realization of the right to life and security of the individual struck down by disasters over which he had no or little control. It reflected the thinking of social workers of several decades who had seen families and individuals crushed by unemployment or by the loss of the family breadwinner. In the 30's the attempt to control the recipients of public assistance through direct payment of rent and provision of coal, food and clothing was opposed by social workers who insisted that poverty did not mean that the recipient was untrustworthy, or incompetent to manage his own affairs. Knowledge of people struck down in the depression who had known better days also led to support of projects through which people could work and receive assistance with the feeling that

they were contributing in return for what they received. And public works administration projects developed in this period, paying the prevailing rate of wages, led not only to the meeting of many public needs in terms of schools, roads, public buildings, but to the salvaging and rehabilitation of many men and their families.

This period represents a period of crisis in which the social change reflected attitudes developed in large part by the leaders of social work. Since that period, there have developed other great social changes, which require new examination by those close to, or sensitive to, the needs of that large part of the population which forms the base of our economic pyramid today.

Contrary to the attitude supporting the ideal of equal opportunity, a host of new procedures and contradictions have developed to keep people down instead of helping them to rise, to lessen their motivation for effort, and to impair their sense of confidence in themselves. Public assistance regulations that humiliate the recipients, that prevent recipients from endeavoring to raise the standard of living for their families without risking minimum security, that bar them from being considered as adequate to become foster parents, that withdraw the equivalent of earnings of their adolescent children from the assistance budget, that require them to move from public housing when they go to work, all reflect a lack of understanding of the need to respect, support and encourage efforts to become self-sufficient.

The most challenging contradiction facing us today is the widespread lack of planning since New Deal days to find new and better ways to help those who are at the bottom of our economic pyramid to move upward economically, to feel that they have value in the community, and to have reason to know that they and their children are valued by the community.

* * *

It is important that in the field of social welfare we have the capacity to scrutinize the meaning of these contradictions. In many ways the helping professions become the controlling

professions part in implementing the day. We must, rather, rationalize what as scientific

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professions because they plan an important part in implementing and even institutionalizing the contradictions that dominate the day. We must therefore be aware when we do this, rather than permitting ourselves to rationalize what we are doing as socially ideal, as scientifically sound or as morally good.

Somewhere I once read a description of the ceremonial surrounding ancient sacrifice in a far distant land. The person who offered the sacrifice feared to touch the victim lest he too be exposed to death. The Priest was therefore used as intermediary, but he, in turn, was careful to touch the victim only with an instrument. We must be very careful never to function as intermediaries who officiate, even with the most exquisite precision instruments, at the sacrifice of victims of society's indifference, cruelty or contradictions.

Mrs. Visser Joins CWLA Staff

Mrs. Ellen Trigg Visser joined the field staff on October 17th. She is a graduate of UCLA and holds an MSSW degree from the College of William and Mary School of Social Work. She has also taken post-graduate work at Smith School of Social Work.

Mrs. Visser has been with the United Nations Technical Assistance Mission, where for two years she was advisor to the Royal Afghanistan Government on welfare of women and children; with the American Korean Foundation as welfare officer in Seoul and Pusan, Korea; with the United States Displaced Persons Commission as child welfare advisor in Germany and Austria, and was chief of the Child Care Division of the American zone for International Relief Organization. From 1945 to 1947 she served in Germany with UNRRA.

Mrs. Visser's work in this country includes consultant on institutions for the Child Welfare Division, North Carolina State Board of Public Welfare and casework in a day nursery, in Charlotte, North Carolina. During World War II she was director of the USO-Travelers Aid in Miami, Florida. Her most recent experience in this country was as casework supervisor at Woodfield Children's Village, Bridgeport, Connecticut.

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EDITORIAL COMMENTS

Aid to Dependent Children in Louisiana

The consequences of Louisiana's action in dropping some 23,000 children and their mothers from the ADC rolls can affect every state in the nation. At this writing it is not known what action the Department of Health, Education, and Welfare will take. There is no question that Louisiana was encouraged in passing its legislation by the fact that the Federal government took no action in respect to similar legislation passed by the State of Mississippi some years ago.

Without doubt, many states in which there is similar agitation for punitive measures against the mothers of illegitimate children are closely watching the Louisiana situation to see if it is possible to follow suit. These states are by no means confined to the South. In fact, two mid-western states are already following repressive and unjust practices toward illegitimate children.

It is essential that the Federal government stop this insane approach to a complex and serious social problem. Certainly in our form of government as much authority as possible should be left to the states and local communities in the administration of welfare programs. However, when there is clear evidence of widespread injustice, confusion and outright barbarism in the treatment of illegitimate children, particularly those of minority groups, the Federal government has a responsibility that cannot be evaded. Over one-third of the state legislatures have considered measures to exclude illegitimate children from the benefits of Federal-state Aid to Dependent Children. And in almost all states pressures toward this end have been reported by state welfare departments. As in both Mississippi and Louisiana, courageous public welfare officials have attempted to protect the integrity of the ADC program and to interpret to citizens of the state why such actions are self-defeating. Too often they have been alone in their efforts.

A group of national agencies, including the Child Welfare League of America, recently communicated with the Secretary of Health, Education, and Welfare, urging that the

Department take prompt action in respect to the current Louisiana situation and also review punitive legislation that has been in operation in other states. We pointed out that denying rights to public assistance to a class of children, such as illegitimate children, is in violation of the provisions of the Social Security Act, and is undoubtedly unconstitutional. The qualification of the Social Security Act stating that needy children are eligible providing the home is considered a "suitable one" has provided the largest loopholes for attacks on the program. We urged the adoption of a Federal policy that would prevent the misuse of the clause.

Many of us have in the past been concerned about the small fraction of families which obviously violated most community standards of morality and decency. The community has often equated these few families with all ADC families. We have questioned the blind giving of relief to families that provide extremely poor care for their children. However, it has become increasingly evident that the administration of public assistance programs *per se* is not a suitable instrument for the protection of children. In several states the very presence of an illegitimate child is considered *prima facie* evidence of an unsuitable home. Usually no investigation is made as to whether the home is providing decent care for children.

The futility of such legislation is pointed out by the State of Mississippi, in a statement opposing the Louisiana legislation: ¹ Denying assistance to mothers who have had an illegitimate child (a policy which has been in effect since 1954) has had no effect on the rate of illegitimate births. In fact they have moved upward from 11.8 percent in 1954 to 12.8 percent of all total live births in 1958. Thus it is obvious that we cannot improve the morals of adults by starving their children.

It is contrary to American principles for one class of people to be deprived of their rights to assistance without due process of

¹ In *The Welfare Brief*, January-March 1960.

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law. Every state already has on its books laws that enable the community to remove children from homes where their welfare is endangered by immoral behavior or neglect by their parents. Administrative decisions, whether by social workers or anyone else, should not be substituted for due process of law.

Therefore, we have urged the Secretary of Health, Education, and Welfare to declare it to be the general policy of the Department that "a home is considered suitable for receipt of Federally-aided assistance by otherwise eligible needy children until such time as a court decision has actually removed these children from a home deemed 'unsuitable' and assured other provision for their care."

The embattled state welfare departments administering the ADC provision of the Social Security Act, and the Department of Health, Education, and Welfare, need the support of thinking citizens and child welfare agencies. We urge our readers to communicate with the Secretary of Health, Education, and Welfare and back him in his efforts to stop this wave of inhumanity which has resulted in malnutrition, ill health and degradation, and which can only exact from the nation a terrible price in the stunted lives of children and the warped adults they will become.

JOSEPH H. REID

The 1960 Edith L. Lauer Award

The 1960 Edith Lauer Award was presented to the Junior League of St. Louis at the Southwest Regional Conference, in recognition of its pioneer efforts in establishing a residential treatment center and its sustained help in keeping the center open until other community support could be obtained. When the Forest Park Children's Center was finally accepted as a full member of the United Fund and later merged with Edgewood, becoming the Edgewood Children's Center, the Junior League continued its interest and provided funds for the development of new services.

A pamphlet describing the project will soon be published by the League.

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GENERIC EDUCATION FOR SOCIAL WORK: The Implications for Fields of Practice*

Grace White

Consultant on Educational Services
Council on Social Work Education

THE implications of generic preparation for social work practice can be understood and put in perspective by examining (1) the major curriculum changes made in the past decade to achieve the primary objective of basic preparation for a career of social work practice, (2) the nature of the gap between the competence of the inexperienced graduate and that needed for professional practice in a particular field, and (3) the contribution of specific knowledge to the enrichment of basic social work knowledge.

The terms *generic education* and *fields of practice* tend to be used rather loosely by social work educators and practitioners. I am using these terms with the meaning contained in some "operating definitions" which were drafted for its current use by the Curriculum Committee of the Council on Social Work Education.¹

"By *generic preparation for the practice of social work* or a *generic program of social work education* is meant a program which involves the acquisition of a common core of knowledge and attitudes and a mastery of principles basic to the practice of social work. . . . The concept of *generic education* for social work requires that a distinction be made between the generic theory, concepts and principles (as taught in social work education) and their application in specific practice. . . . the practice itself is always specific to the field of practice and the purpose of the agency within which practice takes place. . . . It does not seem to the Committee appropriate, therefore, to speak of 'generic social work' or of preparation for the practice of 'generic social work'. . . .

* Given at the National Conference on Social Welfare, CWLA meeting, Atlantic City, N. J., on June 8, 1960.

¹ The Curriculum Committee of the Council on Social Work Education, the Commission on Practice of the National Association of Social Workers, and several schools of social work have been interested in arriving at a working definition of concepts and terms that will be generally accepted and used by social workers. Pending the production of a glossary or working document, the Curriculum Committee agreed, in June 1960, upon some descriptive statements of a dozen or so terms which are regarded as tentative.

"*Fields of practice* refer to a convenient classification of present commonly recognized subdivisions of the total field of social work practice. Current classifications are neither all-inclusive of the settings in which social work is or can be practiced nor do they constitute mutually exclusive categories. The groupings in use reflect no single classification principle but varying combinations of the principles of purpose, program, people served, process of service, and power of control. . . . A *generic program of social work education* includes emphasis on the study of specifics involved in the use of *social work methods within a particular field of practice*.

"*Method* refers to a systematic and characteristic approach to problem solving. All methods consist of a set of principles, tools and techniques whose combination of specific elements provides the approach characteristic of a particular method (e.g., casework method and group work method)."

Major Curriculum Changes

Movement toward a generic program of education has progressed steadily since the mid-40's. The current educational program taken in its entirety cannot yet be characterized as wholly generic in nature, but the direction of the movement is clear. Some schools changed their curricula drastically during the late 40's and early 50's and thus spurred the movement. Some new schools from their inception organized their curricula according to the newer patterns. Development has been uneven but recent years have brought changes in all schools from the customary patterns of the 40's. As the generic program of social work education becomes more a reality than a desired goal, the implications for fields of practice are gradually being realized.

The major changes in the past decade have been: (1) the organization of the curriculum into three major sequences, (2) reduction of the number and kind of electives, and (3) the extension of "instruction" into the field.

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The Three Major Sequences

The Curriculum Policy Statement adopted in 1952² sets forth three subject areas that have become the major sequences in the curriculum of every school. Two of them cover two areas of fundamental knowledge—human growth and behavior and social welfare services. The third sequence, social work practice, includes the methods of social casework, social group work, community organization, social administration and social research. The policy statement calls for provision, through classroom and field instruction and through research, of knowledge and understanding of social welfare services, human growth and behavior and social work practice. In the first year, the student is expected to acquire beginning knowledge and skill in these areas. The second year is concerned with extending knowledge and developing skill, as appropriate to the student's professional interests within these areas.

Although the subject matter of the three major sequences does not seem to differ much from the "basic eight" of the curricula of the 40's, the change in content is substantial, as is the amount of time devoted to the fundamental knowledge areas. The "basic eight" included the five methods now in the social work practice sequence, plus public welfare, medical information and psychiatric information. These eight subject-matter areas had been prescribed as the generic foundation for all professional practice in the curriculum policy adopted in 1944. Insofar as possible, they were covered in the first year of the Master's program; one or two courses in each area were provided.

The 1952 policy statement emphasized the unity of the two-year curriculum as a cohesive whole. Each school is responsible for organizing the recommended subject matter into a curriculum "so constructed as to assure balance of subject matter and progression in learning for all students."³

² The Curriculum Policy Statement is the official statement set forth by the Council on Social Work Education as the official curriculum policy for graduate professional schools of social work. The current statement was adopted in 1952, following approval by all of the member schools of the American Association of Schools of Social Work, the predecessor of the Council on Social Work Education.

³ Curriculum Policy Statement, p. 1. See also, "Education for Social Work" in the series of *Social Work Year Books* from 1945 to 1960.

Number And Kind of Electives

A marked reduction in electives changes the character of the second year program particularly. Although schools vary in the number of electives allowed, the two-year program tends to be largely a prescribed curriculum. The three or four courses in the major sequences of human growth and behavior and the social welfare services are designed for all students, and are usually required in every student's program.

Every student is permitted the election of a *concentration* in one of the methods of social work practice—such as group work or community organization—if the school offers more than the casework concentration. *Concentration*, as used by the Curriculum Committee, "refers to a focus within the Master's program of social work education which permits intensive study of a particular method of social work through sequentially organized courses and field learning so that the student may acquire the knowledge and values associated with the method and attain a defined degree of skill in its use."

All students are expected to become familiar with the characteristics of all of the methods used in social work; hence, the required curriculum for every student includes the basic courses in each method, organized in a related way in the sequence of social work practice. In addition to this, a student who elects the concentration of the casework method is enrolled in the series of three or four basic casework courses, taught primarily from a generic approach rather than with a focus upon practice in particular fields. Similarly, the student concentrating in the group work method would have a series of group work courses.

The former curriculum pattern in most schools allowed for the election of many of the courses beyond the one required course in each of the "basic eight." The pattern commonly provided for the casework students an election of a second year sequence designed around a particular field of practice. A school usually offered three if not all of the sequences in family welfare, child welfare, medical social work, psychiatric social work, and school social work. The sequence consisted of casework

content focused on the particular field and other content that was loosely referred to as "the settings," a misnomer but suggestive of a wide range of content pertinent to the particular field of practice for which the student was preparing.

Field Instruction

Two terms have now come into common usage: *field instruction* and *field instructor*. These replace *field work* and *field supervisor*. The difference is more than semantic. The change—more widespread each year—moves social work education farther away from apprenticeship training. The educational focus rather than the work focus is becoming dominant in this portion of the curriculum which provides opportunity for the student to use knowledge and to translate concepts and principles into practice in actual work situations. The educational objectives to be achieved through field instruction are consonant with those of the curriculum as a whole. The field instruction shares with class instruction the provision of learning experiences which will enable the student to acquire and to use basic concepts and principles. Both methods of instruction help him achieve *the knowing, the feeling, and the doing* which are essential in his learning to become a social worker.

The concept of field instruction, educationally determined and focused, has given rise to many questions about the content of the learning experiences that should be provided in the field. If the primary objectives of the curriculum as a whole are basic preparation for a career in social work, then one has to examine the objectives of the first and second year field instruction. The earlier curriculum pattern provided a second year sequence of class and field experiences focused on preparation for practice in a particular field. Can this focus be maintained by the field instructor and be consonant with the objectives of the curriculum as a whole?

Currently, the spotlight of attention is turned on field instruction as a vital and valuable part of the curriculum. Many questions are being examined anew and issues are being identified.⁴

Dr. Katherine A. Kendall, Associate Director of the Council on Social Work Education,

⁴ See Katherine A. Kendall, "Selected Issues in Field Instruction in Education for Social Work," *Social Service Review*, March 1959.

brings the concerns of the agencies and the schools together, as partners in social work education:

"The educational system which we have today for the preparation of social workers stems from our agency-centered beginnings. When we consider that almost fifty per cent of a student's time is spent in the field, the agency as a mold of the social work professionals of the future occupies a position in professional education that is matched in significance only by the hospital in medical education. The agency is indeed a partner in social work education. This fact, together with the philosophical consideration surrounding it, leads us directly into questions of rights and responsibilities, obligations and privileges, in the particular kind of school-agency relationship which social work education holds as its heritage. . . . we will not make any headway on the problems associated with field instruction until we examine and know where we stand on these central ideas: (1) the educational function of the agency; (2) the properties of an educational climate; and (3) the appropriate recognition of agencies which meet defined educational standards in providing field instruction."⁵

The Nature of the Gap

Educators and practitioners have many common goals; one is that social work practitioners shall attain competence and that they shall practice social work professionally. There is a difference, however, in the major concerns that occupy each in the attainment of this common objective. Quite understandably and appropriately, a field of practice is concerned with the shortage, today and tomorrow, of persons with full professional competence to carry the responsibilities of social work in that field. There is keen awareness that a marked gap exists between the competence needed for expert practice in a particular field and the performance of the recent graduate. Sometimes practitioners question the quality of performance that seems to be acceptable to meet the objectives of the schools.

Some pertinent questions are: What is the nature of the gap? How can each year's class of graduates, a little over 2,000 in 1959, be helped to close this gap? Whose responsibility is this? What part does and should the employing agency play, the national agency or federal program, the school, the practitioner himself?

⁵ Unpublished paper read at the Howard University School of Social Work, 1959.

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A major problem in closing this gap has been the reluctance of many agencies to accept the reality of generic education for social work. The trend toward generic education was accepted philosophically during the 40's by many educators and practitioners. Some among both groups accepted it as an inevitable change that had to be reckoned with if the education was to meet the test of professional education. Some strongly urged the "basic curriculum," interpreting "basic," however, as pertinent to social work practice in primary social agencies, that is, family and children's agencies. Some ignored the changes that were taking place and evaded recognition of their implications for staff development, an essential in closing the gap. So strong was the resistance in some quarters that hope for the morrow continued to replace planning. Many persons, who recognized that the gap was growing wider and wider, made efforts to stimulate professional groups, associations and agencies to plan for and provide programs of staff development. In 1951, I urged recognition of the trends:

"Quite understandably, administrators in any specific practice yearn for additional personnel who are well prepared to practice in that field. The natural place to look for good preparation is to the schools of social work. . . . The two-year curriculum in a school of social work is hard pressed to include the enriched generic content which has developed in the past decade. Educators must consistently evaluate that which is essential to a sound basic program. . . . A valid criterion is that the content will be widely useful to practitioners in all fields of practice. Therefore, in the final analysis, it seems evident that rich generic content will win out over rich specific content. . . . It becomes clear that the graduate of a school must attain a large measure of his specific knowledge and skill through practice in a specific field. . . . Acceptance of a focus on basic professional preparation in a two-year graduate educational program places the burden for development of competent workers in the specific fields squarely on programs of staff development and training in each field of practice. . . . The content of the induction period, the emphases in the supervisory process and the possibilities for group training seem to warrant further study as substantial methods of furthering competence to practice in a specific field."⁶

⁶ Grace White, "The Distinguishing Characteristics of Medical Social Work," *Medical Social Work*, American Association of Medical Social Workers, September 1951, pp. 38-39.

The growing dilemma for most employing agencies was clearly forecast. However, what was not clear then was the content of the generic educational program to be developed, and the exact nature of the gap to be filled. Pertinent questions arose. What and who could and should determine the generic content? Would it be sufficiently similar in all schools, so that agencies could plan programs of staff development with some certainty about the nature of the learnings which would fill the gap between the ability of the beginning worker and that needed for competent practice? How could and should the fields of practice influence or guide the trends in education? How could influence be brought to insure inclusion of content from a particular field, content that seemed to practitioners in that field to be essential for all social workers? Were educators aware of needs in practice, of changes in practice? If so, with reference to which practices and which fields? Did money have influence—that is, scholarships, grants to the schools, grants for program development in agencies? What influence was exerted by availability of field placements for first and second year students? To which school could one turn for graduates who were prepared, to some degree at least, for a particular field of practice? These and many more questions arose in the 50's. The questions persist and the answers are not complete or uniform.

The gap remains. By and large, the nature of the gap and what is needed to fill it have not been analyzed in any concerted way. A number of devices are used but many are fragmentary efforts which may or may not be focused on the primary needs and which do not provide the progressive learning that is essential in sustained staff development or continuing education.

Competence in Social Work Practice

What do we know about competence in expert practice and what do we need to know? Competence in social work practice is a composite of mastery of a broad body of knowledge, disciplined attitudes which enable the social worker to use himself effectively, a well-grounded philosophy, and skill in practice. Competent practice in a particular field requires specific knowledge of the problems,

of the phenomena that are encountered, of the effective ways of practicing in that field. True as are these statements, neither is complete nor helpful. Harriett Bartlett, Chairman of the NASW Commission on Practice and a member of the CSWE Curriculum Committee, has drawn some tentative conclusions from her long study and analysis of practice and education:

"Education and practice must clarify together what they mean by social work competence, including the various degrees of mastery of professional content and skill in relation to various methods, fields and levels of practice.

"In this transitional stage, when we are dropping our old confused idea of 'specialization,' we have not clarified how we see the generic principles being applied in specific practice, how far the basic curriculum will prepare for such practice, and what the on-going joint responsibilities of education and practice will be in relation to development of various types of professional competence . . . At present I doubt if education and practice are really communicating with each other.

"There will need to be some type of disciplined, authoritative analysis of all the fields of practice, within the same frame of reference, so that they will be comparable, as a basis for making valid decisions about the curriculum."⁷

I concur with Miss Bartlett in the significance of these issues, and believe they must be dealt with by the profession before significant progress can be made in determining further the "best" education for professional practice. However, some of the factors which need consideration in staff development programs can be identified. The graduate of today's social work curriculum will have had more "education" and less "training" for a particular field than the graduate of ten years ago who had a "specialized sequence" in child welfare, for example. Today's graduate will have a broader base of knowledge on which to build. According to testimony from some employers of large numbers of graduates, their potentials for more rapidly becoming competent practitioners are greater than the graduates of the specialized sequence era. Perhaps all would not agree that their potentials are greater, but most would acknowledge at least that they are as good.

⁷ Memorandum prepared by Harriett Bartlett for the CSWE Curriculum Committee, May, 1960.

Today's graduate is not a "finished product" in the sense of being a competent practitioner, but he should have most of the essentials for becoming one. Like his fellow graduates of ten and twenty years ago, he needs induction into the particular field, supervision of his practice and the benefit of a staff development program. He will not come emptyhanded with reference to pertinent knowledge, but he may not have the depth of specific knowledge which his employer deems desirable in a beginning worker. His induction period should focus on the specifics in the particular field.

The Contribution of Specific Knowledge

Today's graduate brings broad knowledge and a grasp of concepts and principles to his first job. These are fruits of his generic education. Consider how this broad knowledge has developed and has become available to social work education. Who are its contributors? As well expressed by the NASW Commission on Practice, knowledge is not something fixed and constant. "Knowledge does not grow by itself but grows out of interaction of the application of knowledge to particular problems."⁸

A primary source of the broad knowledge now available to social work education is social work practice. Knowledge is built bit by bit from the several fields into a rich whole or entity permitting some generalization, by the inductive method, if you will.

Illustration of the building of knowledge is drawn from some of the concepts of child welfare. *Separation* and *placement*, *neglect* and *custody*, and *preventive services* all are significant and used daily by the child welfare worker.

From the earliest days of child welfare services, the social worker has dealt with separation of child from parents and placement of children. Long before a profession of social work practice developed, there existed child placing agencies and institutions for homeless children, handicapped children and delinquent children. The responsibilities vested in the child placing agencies and institutions were such that custody, guardianship and

⁸ Minutes, Meeting of Commission on Practice, NASW, November 4-6, 1959, p. 2.

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adoption were involved in many of the separations and placements. The commitment to protect the neglected child from harm, from suffering, from emotional warping and from underdevelopment of his potentials for maturation involved the child welfare worker in a preventive service to these children. Thus, a body of knowledge was being built.

Other disciplines and laymen, working in the same context or setting as the child welfare worker, deal in their own way with separation and placement. From the courts, from psychiatry, and from the social sciences, the various meanings of these concepts become intermingled with the meanings given to them by the child welfare worker, and are thus extended within the field itself. A body of knowledge continues to develop and become social work knowledge, shaped by social work values. It consists of the meaning of separation and placement to the child, the parent, and to society, and also of operational knowledge, *i.e.*, how the social workers in child welfare deal with separation and how they make effective placements.

The child welfare field has given separation and placement a good deal of meaning and continues to do so. In other fields of social work practice, the concepts of separation and placement also have meaning and usage. The values held by the social worker do not vary significantly, if at all, in the several fields. The social work practice in dealing with the phenomena varies, depending upon the configuration of determinants—among which are the problems posing the need for separation and placement, the age and dependency status, the services the field is committed or organized to give, and the division of responsibility among the various professional or technical personnel.

The phenomena are manifested differently in the several fields; hence, the knowledge of the concepts broadens. To illustrate with reference to separation and placement: (1) The family field gives added meaning in coping with divorce, desertion and death and in dealing with placement of adults in homes and institutions. (2) The corrections field adds knowledge about separation because of socially deviant behavior and placement in the sense of incarceration. (3) Social work practice in

psychiatric programs deals with separation in mental illness, which has additional meaning because of commitment or the unwillingness of families to assume responsibility for a member who is no longer "himself" or "one of them" because of his behavior. (4) Social work practice in medical programs deals with separation in the emotionally charged atmosphere of acute illness or separation of the child or adult from normal activities and from family. Placements occur because the person is infectious, or needs long medical care that can be given only in a hospital.

In each of these fields of practice, social workers are working in collaboration with other professional persons. The understanding of the phenomenon or concept is broadened and deepened by this sharing of data and joint problem solving. Thus, the constellation of disciplines enriches the concept for social work.

Thus a generic concept developed from many sources, some from social work practice and some from the practice of other disciplines. The meaning of separation and placement has been enriched and can be taught to the social work student in a broader scope and significance than his field practice in a children's agency, or a course focused specifically on child welfare, might provide.

One could trace in the same way the building of a body of knowledge about other concepts and phenomena. The significant point is that *social work knowledge grows from practice* and that the accretion from the various practices yields a body of knowledge which is enriched by the contribution from each field. Relating this to a generic approach in social work education, one must take into account several things. One is the attempt on the part of the schools to include in the curriculum that knowledge which will be generally useful, which experience has shown to be pertinent and applicable in a number of practices. A second is that although generalizations are taught and effort is made to help students think conceptually, the curriculum contains much of concrete illustration and factual material. With an eye to a broad base, effort is made to select the concrete illustrations from a variety of fields. Hence, in the casework courses, effort is made to maintain a balanced use—for illustration and student

analysis—of the particular problems and specific practices in all fields of practice that use the casework method predominantly.

The student is placed for field instruction in two agencies, one each year. He has the opportunities to learn some of the "plus" in two fields of practice. The field instruction as well as the experience of practice gives the student an opportunity to get a better grasp of the problems commonly dealt with in that field, the phenomena frequently encountered, and the particular ways in which social work is practiced in that field.

Conclusion

In conclusion, it seems pertinent to mention briefly the need for concerted effort toward further clarifications that are essential. I believe that social work is on the verge of clarifying much that has been vague or confused about practice and education and about the relationship of one to the other. The profession is beginning to understand a bit better the implications of what has come into being both in social work practice and in social work education. One hopeful sign is that educators are not complacent. There is wide agreement that recent curriculum changes have improved social work education but that the "best" educational program has not yet been found for the basic preparation for social work practice.

Where can social work educators and practitioners look for the sustained efforts needed in the profession to grapple with such issues as those posed by Harriett Bartlett and Katherine Kendall as quoted in this paper? Clarification and resolution can come through the independent and combined efforts of practitioners in the various fields working through the national agencies, the Federal bureaus, and other organizations within each field of practice. Implementation can also come through the efforts of practitioners and educators working through the National Association of Social Workers and the Council on Social Work Education. These are professional matters and must be dealt with by the profession as a whole. Practitioners and educators must establish a higher order of communication and find more effective ways of working together on the task of social work as a whole—on the tasks inherent in a profession.

The Healthy Child

**HIS PHYSICAL,
PSYCHOLOGICAL,
AND SOCIAL
DEVELOPMENT**

**Harold C. Stuart, M.D. and
Dane G. Prugh, M.D., Editors.
Introduction by Martha M.
Eliot, M.D.**

Twenty-two experts provide essential information for workers in the fields of education, psychology, nutrition, social work, nursing, and public health, considering pregnancy and the child's development from the fetal period through adolescence. Special emphasis is placed on the child as an individual who is changing according to natural laws and inborn potentialities.

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HELP FOR THE CHILD IN AN IN-BETWEEN WORLD

Beatrice Malone

Case Supervisor
Baltimore County Welfare Board
Towson, Maryland

We can no longer shirk our obligation to the child in the not-quite-belonging world of foster care.

SOCIAL agencies have been accused of holding children in bondage, and to a degree this is true. Both agencies and courts have upheld the rights of parents. Often they have been unwilling to proceed with permanent planning unless a parent is readily willing. Now we must look at the rights of children. Adults are able to secure a legal divorce in situations where cruelty, separation, or sometimes only incompatibility has been involved. Should not children, who are completely dependent upon a parent for food, shelter, love—the very elements of life itself—be granted a change when these things have not been provided over a period of years?

Let us look at adoption through the eyes of a child. Let us see his need to have a parent who loves him enough to give daily care, not one who visits only at Christmas, and sometimes not even then; his need to have the same name as the people with whom he lives, so that the same question does not have to be answered in school year after year: "Why don't you live with your own family?"

Too often and too long we have thought in terms of adoption meaning a change, a moving into a new situation, a leaving behind of all ties. Adoption can also, when appropriate, be the confirmation of a relationship already existing between a child and his foster parents. Just as there are many kinds of people, there can also be more than one kind of adoption. There are people who do not object to children having a memory of their family, or even occasional contacts with siblings.

Many children live over a period of years in foster homes with foster parents who accept and love them as their own, and who have furtively said to the worker, "I wish we could adopt Jimmy." More often than not the worker does not even hear, because foster parents and workers have been carefully schooled to believe that children placed with them are "not for adoption."

It is true that these children are not free for adoption, and were not when they were placed. There had been hope in everyone's heart that the parents would be able to pull themselves together, with or without the agency's help, rebuild their lives, and re-establish homes for their children. Some do, but for others the years go by and things get no better, and sometimes worse. There are no visits to the children, no letters, no expressions of love or even interest; or if there are any, they are too infrequent to be convincing.

Parents who do not visit carry a burden of guilt for their neglect; foster parents understandably feel resentment about the hurt to children they have grown to love. This is the emotional climate into which we have to venture as we consider adoption by foster parents.

When convinced that a completed adoption would be right for both the child and foster family, we have tried to decide what would be the best way to approach the parents for a release. We try to help them review the past; to think of the future in terms of their own plans and wishes and to evaluate whether the future realistically includes the child.

We attempt to help a parent look at the child's position, his feeling of security where he is, his being wanted by his foster parents, and the advantage it will be to him to be really settled instead of living in an in-between world, wondering what will happen next.

Mrs. Kerr, a former tuberculosis patient, had two children living with her in her common-law marriage; two children by a former marriage were in foster care. The foster parents of the younger child in foster care, four-year-old Elaine, had had her for two years and were eager to adopt her. As we discussed Mrs. Kerr's future plans with her, she pointed out the trouble they have getting along financially with the two children at home, that their relationship is not a happy one, and that Mr. Kerr was not at all interested in legalizing their situation. She felt unable to leave, because she could not work and

would not be able to support herself and the children from a court order. She could recognize that there was no place for Elaine in this setting, and could be none in the future.

As we discussed Elaine's future with Mrs. Kerr and later with Mr. and Mrs. Kerr together, both recognized that she had lived the greater part of her life with her foster parents, that as a toddler she had become very much attached to them, and that she would find it extremely difficult to come home and accept her mother as "mother." This was confirmed for them last Christmas when, after they had not visited for over a year, she screamed and kicked as they took her from the foster home for a visit.

Mrs. Kerr realized that she had shown a lack of interest by not visiting, and agreed she would make a decision within a month. The following month she came to the office and signed a release.

We try to help a parent feel that the signing of a release is something he can do for his child to compensate for years of neglect. As we talk with the parent not only about the child's future but his own as well, he does not need to feel we are against him and for the child, but that we are working together in planning ahead for both. In a calm discussion of the realities of the parent's situation, and the things that have made it so, there can come a dispersion of the long burden of guilt.

Parent and Child Discuss a Release

Sometimes a parent is reluctant to sign a release because he feels the child may hold it against him as he grows up. When a parent has this doubt, it is often helpful for him to talk with the child about the matter.

Fourteen-year-old Judy's request for adoption met with a strong negative when the worker discussed it with her mother. She felt sure that if she signed a release Judy would hold it against her when she grew up. She had seen the girl only a few times over the years, but did write to her fairly regularly. Judy's mother thought she had cancer, and did not expect to live long. Home conditions had been deplorable over a period of years and despite agency effort, there was never any appreciable improvement. The father's whereabouts were unknown.

Judy had lived with Mr. and Mrs. Sennett for five years and was eager for them to adopt her. When she was told that adoption had been discussed with her mother and that the answer had been a definite "no," she was very disappointed. The worker told her that if she thought it would

help, she might like to talk with her mother about it herself. Judy thought this a fine idea, and arrangements were made for the worker to take her to her mother's home.

On the way she showed that she was a girl with a mind of her own. She asked for no help in planning how she would talk with her mother, and did not seem at all nervous or upset by her mission. She spoke freely of her family and while she felt sorry for her mother, this pity did not overwhelm her or blind her to the fact that her mother tolerated situations which were completely unacceptable. She was left for a couple of hours with her mother.

When she got into the car after the visit, she said she couldn't wait to tell what had happened. She had showed much sense in handling the matter. Two of her sisters were there, so she had suggested to her mother that they take a walk, since she wanted to be alone with her. She then said that she wanted to be released for adoption. Her mother's first reaction was a violently negative one, and she said she wanted Judy to return home. Judy replied that that was foolish—there was no prospect of her returning home, but even if there were, she did not want to do so. She explained to her mother how she felt about the Sennetts. She said that she had never lived with her own family for any length of time and that her mother could not expect her to feel as close as the other girls did. She said the Sennetts wanted to move, but as long as she was under the agency's care they could not plan with assurance. Toward the end of the conversation, her mother did agree to think about it. Judy said she found the afternoon harder than she had expected. She planned to write her mother about the release, and visit her again in another month.

Her mother signed the release the following month, evidently having convinced herself that Judy would not hold it against her.

Agency Emphasis on Child's Welfare

There are times when a parent will keep putting off an affirmative decision unless it is made clear, after he has had ample opportunity to decide, that the agency will have to take the child's wishes and welfare into account, and ask the court to review the request.

Johnny, ten, was one of five children who had come into care six years earlier because of neglect. Three of the children were taken by relatives and an older sister remained in foster care. Johnny's mother had not visited him for two and a half years, and both he and his foster parents were eager for adoption.

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Mrs. Hill was a confirmed alcoholic, and four years ago had established a common-law relationship and was living in an unsavory neighborhood. She had been drinking when the matter was first discussed, and said she would never release for adoption: "After all, he used to sleep with me." We discussed his wish for security and her lack of contact, and said that we felt Johnny had some right here, too. We told her we did not want to go against her wishes, but we also felt obligated to do what seemed best for his future. Her common-law husband came in at that point, and we asked him to try to keep her sober for an appointment a week later. She avoided the next appointment, leaving a note she had been called out of the state, then refused to accept a registered letter.

When she was next seen, without an appointment, she was sober and agreed to sign. She said that she knew she could not give him a proper home and recognized his attachment for his foster parents, but she wanted to discuss her decision with her mother first. When she broke the appointment to sign the release, we sent her a certified letter saying that we would proceed with a petition for guardianship with the right to consent to adoption, but we would be glad to see her on a specified date if she wished to discuss it further. This brought a telephone call asking for an appointment to sign the release. She said she really felt it was in Johnny's best interest and that she would be doing the right thing.

That appointment was promptly kept and the papers signed. Afterwards she said she was going to make a real, earnest effort to get herself straightened out. The worker told her she felt she could do it, that she was still a young woman with the better part of her life ahead of her.

The Child's Participation

Johnny has shared in the process, including the uncertainty about his mother's decision and the alternative plan if she did not release him. In their initial request for adoption, the Blacks, Johnny's foster parents, said that he had been asking why he could not be adopted, as several of his friends had been. Because of his concern and the fact that a lapse of time was necessary, when we were reasonably sure the adoption would be a reality either by release or court action we told him about the necessary steps. He was able to participate to an unusual degree because of his security in the foster home, the certainty in his own mind and heart that adoption was what he wanted,

and his rapport with the caseworker and confidence in her.

I told Johnny that the Blacks had let me know that they had talked with him about the agency's approval of their request to adopt him. He was all smiles. He told me he had asked them several times if he could be adopted, that several of the boys and girls in his school were adopted, and that he always wanted to change his name and be their son. I asked Johnny just what his idea of being adopted was. He said it would mean he could be Mr. and Mrs. Black's own boy, that his last name would no longer be Hill, and that he would look on them as parents, his own father and mother, and would be just like their own son. He said he knew it would mean he would not see his own mother again, but after all he has lived away from his own people for five years, and had not seen his mother for two and a half years. He said he had been only five when he was placed, he did not remember his father at all, and had only a vague recollection of what it was like at home. I asked him if he is very sure this is what he wants, and he told me with a big smile that it is what he had wanted for several years.

I explained that we would have to talk with his mother, and since we do not know where his father is, we would have to advertise for him to try to let him know. Johnny said he knew we would have to ask his mother, that Mrs. Black had explained it to him. "You tell her that I want to be adopted, that I like it here very much and I want to stay here always." I explained she might want to talk with him herself. He said he would talk with her and let her know how he felt. His face clouded and he said, "But what if she says no, does that mean it can't be done?" I told him if she refused we could still ask the judge for a review. Johnny said, "Well, I think he would let me be if he knew how much I wanted it."

Sometimes parents who have finally come to a decision that it would be right to release, attempt, out of their ambivalence, to retract at the crucial moment. This is illustrated by Mr. and Mrs. Gray before, during and after the court hearing on the adoption petition.

Norma, five, unkempt and neglected, was one of five children committed for placement. During her two years of placement with the Vinings she had contacts with her siblings, but few with the parents. Several efforts were made to re-establish the family group by sending some of the older children home, but because of drinking and neglect, re-placement had to be made. Since the family future seemed dim for Norma, when she was seven the agency began to talk to her parents

about adoption release. Norma was eager to have it happen if she could sometimes see her brother to whom she was close, and her foster parents were willing and accepting of this. Her mother signed the release. Her father refused, but in the course of necessary verifications it turned out that he had a previous undissolved marriage, and therefore the mother's release was the only one necessary.

On the day of the court hearing when her parents came into the court room, Norma went to them, put her arms around them and kissed them, returned to her "new mommy," snuggled up beside her, talking of the last time she had seen her "old mommy" and of the last time she had given her a gift.

During the hearing Mrs. Gray said she had changed her mind, and was upset when the judge ordered the adoption. Both foster parents talked with her after the hearing, assuring her of their affection for Norma and telling her she would be welcome to visit if she wished.

When the decision has been made for parents, there often seems to be a sense of relief, as if they need have no further guilt—they really didn't do it, someone else did.

Despite his initial objections, Mr. Gray told Mrs. Gray when it was over that it was for the best. He said that his health was not good, that their situation would get worse instead of better, and that Norma's future was better with her adoptive parents than it could possibly be with them. Before she left the court house, Mrs. Gray was agreeing that she guessed it was for the best, they would have all they could do to provide for the other children.

Helping a Parent to Meet Criticism

When a parent is trying to decide to release there are many factors entering into her thinking besides her own wishes, and we need to be ready to help her think them through and find the answers to the questions she will have to meet. What will her mother think, what would the children's father say if he should reappear, what will an older brother think? If she can arrive at the conviction that in the children's interests she has no alternative, and that she has contributed to their happiness, she will be able to meet the questions with equanimity.

Alice Mullin, twelve, and her brother Tom, thirteen, had been with the Malloy family for ten years, and during that time had not been visited by

either parent. Prior to the placement there had been marital differences and non-support. The mother had left the children with a friend and did not return, and the court committed the children for placement.

When approached about the children's wish for adoption, Mrs. Mullin could understand this and realized that they really could not even remember her. She spoke of her old mother, who was eighty-five, and "What would she think if she knew some of my children had been adopted?" She thought of the possibility of having them with her but did not see how they would manage. She could not be sure a stepfather would be good to them and she did not want her children mistreated. She wanted to think it over, talk it over with her present husband, but she didn't think she would ever be able to sign "such papers." The worker asked her to be generous in her way of thinking, to see what would be best for the children.

After thinking it over for a week, she was ready to sign the papers, following discussions of what she would say to her husband if he should ever turn up and ask about them, and to the older brother. Since there was an unavoidable delay in completing the adoption it was necessary to return for a new signature two years later. Mrs. Mullin signed willingly, saying it was important for her to do whatever would make the children happier.

The question may arise as to whether "decision" is really that, when we reject the first negatives and hold out for affirmative answers. We believe it is—that the decision has actually been made in the years of neglect, and what we are seeking is the verbal recognition by the parent that this is, in truth, the fact of the matter.

Evaluating the Parents' Capacity

As we work with families who do not meet the basic needs of their children, it is salutary to remember that actions speak louder than words. This can be tremendously helpful in resolving the conflict that arises from our reluctance to do anything which would jeopardize a family tie which could be repaired.

As we consider families who have been neglectful of children, it is well to realize that there is a family quotient as well as an intelligence quotient—that for some people responsibility for more than two or three children, or sometimes only one, is more than they can carry. Occasionally we find a "no-child" family

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in terms of capability. It would appear that those who are encouraged to become good parents beyond their capacity can experience only failure and discouragement, and are hurt and frustrated by court action alleging neglect when they are really doing all they are capable of doing. Our society expects adults to be good parents, and to be found wanting touches to the quick.

The ability to be a parent requires emotional depth, breadth and stability, the capacity to take unto oneself other and varying personalities. The unstable and immature adult does not have this. Parenthood also requires a certain amount of organizational proficiency in managing a family and household: this can be based on intelligence or on a kind of social sense which some otherwise mentally-limited people seem to have.

The Child's Readiness for Adoption

We also need to take into account the wish and readiness of the child to become a part of the foster family. In the situations cited the children were old enough to put their feelings and wishes into words, and to assess the chance of returning to their own family and the depth of their feeling for both the own and the foster family. The problem becomes somewhat more complicated as we consider the necessity of making decisions earlier, while children are younger and less verbal. But if we are observing and sensitive, we will find they have ways of saying the things they are feeling.

When Billy was four and a half, he amused himself by playing with paper dolls. They were the people he knew, his mommy (foster mother) and his *mommy-down-the-road* (his own mother) among others. The play always ended by cutting his *mommy-down-the-road* into shreds. Could he possibly tell us any more clearly how he feels?

Carol, who was four, would never let go of her foster mother's hand as her own parents left after their infrequent visits. It was the custom of the family, who lived in a rural neighborhood, to go out to the car with guests as they were leaving, and Carol participated in this leave-taking with everyone except her own parents. As they left, she would never cross the threshold of her foster home.

Not all children who are ready to accept adoption are lucky enough to be living with

foster parents who are willing and able to adopt the child and carry on with the existing relationship. For these children, of course, we need to think and plan in terms of adoption in the usual sense.

Foster Family Care Reconsidered

It is only possible to have confirmation of a relationship by adoption only in those foster families who have the capacity and wish to be a real family, not just a "foster family." Those children who have been fortunate enough to have their relationship made permanent were with such foster families. Most agencies have had a rather clear line of demarcation between a *foster family* and an *adoption family*. There have even been rejections of foster care applications when foster applicants indicated they would like children only on a long-time basis, or said that they would have real difficulty in "giving up" and might even like to adopt.

There has been considerable emphasis in the course of home studies on foster care as only a temporary plan until a family can be re-established. If we look critically at our long-time case loads we will see that a large proportion turn out to be anything but temporary. This should make us pause to consider whether our customary approach is the correct one. It gives rise to insecurity on the part of the foster family. It makes some of them hesitant to invest and involve their emotions and thereby less able to provide what we could call the *stereo-depth* of feeling which can be most helpful to children whose own family relationships have been disturbed. We might better look with critical minds and hearts at the applicants who find it easy to accept a temporary view and to give children up easily. Do children get anything more than food, shelter and clothing in such families? Do they have anything that resembles family living, whose core is in caring?

If we select people of maturity—which does not always indicate age—they will be able to accept the rightness of a child's return to his own family whenever it is possible. When parents maintain regular contacts with their children and show interest in them, there is no resentment by foster parents, but a true sharing of interest in children both care about.

Even foster parents who are interested in caring for children over a long time have been readily able to relinquish a child as they were able to see and experience the depth of the own family relationship.

Our calculated risks would therefore not seem too great if we select a home of high family capacity for a child coming from a family with low family capacity, and make a placement with as great care in matching personalities as if it were "for keeps." What do we have to lose? If it should be for less than forever, a child will have had a constructive experience. And there will be less loss in the year-by-year progress in emotional development, which is as important as steady grade-by-grade progress in school.

Our willingness to permit children to live with five to ten years of uncertainty, of half belonging, is increasingly open to question when foster parents are willing to adopt.

Encouraging Early Parental Decision

We must find ways to take responsible action much earlier. One way might be to chart out with a parent at the point of application for foster care what he can do in maintaining a continuing relationship with his child, what is expected in participation, in support, in visiting, in improving his own situation within the next twelve to eighteen months. We can make it clear to him that if he has not maintained contact or made progress in his own planning in that time, it will indicate to us that permanent planning for his child must be considered. While it is true that many families require longer than this to realign themselves, there is almost always some progress, and contact with the child, in the interim.

As we work with a child's own family during the first months of placement, it will help us and them evaluate the future possibilities for them and their children if we can consider with them what *family* means to them. What kind of family life did they have growing up; did their parents stay with them until they were grown and able to go out on their own? What kind of relationship did they have with own parents? What had they thought about in terms of family living and responsibility for

children when they married? How had their plans worked out? What went wrong; is there any way to make it different? What has it been like for their children to have them as parents? What do children need from parents? Are they going to be able to provide what their children require in family life, stability, love, daily needs?

If we can help parents begin thinking in terms of the things that are really fundamental, they can begin taking steps to re-establish their family, if possible; or if it is not possible or not what they want, they can then work with us toward responsible planning for their children.

We need also be aware of the unique place that a particular child sometimes has in a family group. There is on occasion a rejection due to circumstances surrounding the child's birth or to particular difficulties the parents had been having, which augurs ill for a child's return to his family.

Carol was the youngest of five children in foster care. Her mother deliberately had the child by another man, divorced her first husband, and took Carol into a new marriage. Both parents kept in touch with four of the children, but avoided Carol. The first husband supported her but disclaimed paternity. Although both re-established homes and between them took the four children, they agreed to release Carol to be adopted by her foster parents.

We can no longer shirk our obligation to consider seriously the children who are living in the not-quite-belonging world of foster care, to listen intently for the possibility that their present relationship might be confirmed for them by adoption. We must recognize the fact that many of the children we are accepting this week and this month will in time be in the same situation if we do not take thought and measures to prevent it. We have to find ways to work with the child's own family, and to assess their capacity and arrive at a prognosis more promptly.

For a child, growth goes on with an inexorable regularity. Each week, each month, each year is of the utmost importance. This should challenge us to put forth our utmost in thought, in action, in ingenuity, in helping him have the best in family living and growing that is possible.

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PROBLEMS OF CHILD CARE IN PROLONGED HOSPITALIZATION

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A discussion of child care practices which help children to hold their own under the stress of prolonged hospitalization.

THE problems inherent in child care outside the family become highlighted most dramatically when a hospital has to take over child care functions, especially when, as so often happens, no preparation is possible.¹ In addition to the illness itself and to separation, the traumatic experience of some hospital procedures, whether the child is subjected to them himself or is merely an onlooker and suffers in fantasy, complicates his adjustment. All this is intensified in long hospitalization. Further problems arise when a child who is ready for discharge has to stay on because of family breakdown during his illness, or because factors of neglect have come to light through the illness and placement has to be planned.

The Child Care Worker's Role

We use the term "child care worker" to refer to a person on the clinical team who is responsible for the children at play or in the hospital school and at meal time but is not involved in nursing functions, though she may help to prepare children for medical procedures or surgery through such activities as dramatic play or earnest conversation in the playroom. In our hospital the whole clinical team, of which the child care worker is a member, decides on the living patterns of the children in the different wards.

I cannot stress strongly enough how much good child care depends on a team that works spontaneously and passes information quickly and informally between disciplines in a continuous flow rather than waiting for conferences and consultations.

The role of the family in supporting the

¹ The observations which encouraged me to write this paper were made over a period of five years in the Department of Pediatrics and Contagious Diseases at Cleveland Metropolitan General Hospital, specifically in its Child Life and Education Program, which I have directed since its inception.

hospitalized child has been forcefully described in many studies. The study by Reingold and Hartley highlighted the beneficial effects of intensive casework with parents, visits by siblings, and home visits of the patient.² We found this true. But if, for various reasons, the family cannot give this basic emotional support, the clinical team has to take on a very difficult additional task.

With so much stacked against success, what can a child care worker do in caring for children in long-term hospitalization? In a modern teaching hospital, it is almost impossible to uphold one crucial tenet of good child care—the continuity of nursing care by one or two women who should function as mother substitutes. Regular daily contact unfortunately has to be restricted to the child care staff, that takes part in only some sections of the child's life.

The child care worker focuses on the child as such rather than on the child's sickness. She has to understand the illness, the child's reaction to it, and the defenses the child uses to cope with his reaction. She works with the strength in the child's ego, and she has to learn to recognize and to develop it so that she can help him in dealing with the often grim reality. What in the ego structure of different children comes to her assistance? She finds that the children on the ward behave differently from other children, both individually and in groups, and she therefore has to modify her concepts and techniques.

One area in which we believe such a modification is necessary is in the grouping of the children. The common denominator at the hospital is neither age nor sex, nor the socio-

² Jacob Reingold and Beatrice Hartley, "Parents' Participation While Their Child Is in Care," *CHILD WELFARE*, November 1956.

cultural background: It is the anxious uncertainty in a treatment situation which creates a strong tie. The support children give each other works in both directions: Older children can function as protectors or playmates for younger ones, while the helplessness of the very young and delight in seeing developmental changes in a young child can act as a morale builder for children from age three up. Through developing empathy, they can reduce their denial of the illness to a more wholesome level. We feel strongly that the age range on a ward should be wider than usual since children profit from at least part-time contact with children of different age levels.

We will try to illustrate what can be done through a child care program by selecting observations of three medically different types of long-term cases: children who suffer from tuberculous meningitis, patients in the Respirator Care and Rehabilitation Center, which serves polio patients, and children who were hospitalized for other medical reasons often connected with neglect. We will illustrate the problem of identity as it develops in this last group. We will also discuss the benefits of educational work geared to the sick child, and will describe therapeutic gains through the spontaneous interaction of children, showing how this interaction can be used in the program directed by the child care worker. While there is rich literature on both case-work and group work with hospitalized children, little has been written about the value of the children's spontaneous interaction and how to utilize it.

Empathy as Defense against Anxiety

Our most dramatic case illustrates how both the age differential and spontaneous interaction can play a part in the child's use of empathy as defense against anxiety:

Howard, age ten, and Frank, four and one-half years old, were both hospitalized for tuberculous meningitis. They shared an isolation room for about two months. Frank's parents, who were separated and lived about fifty miles from the hospital, could visit him only rarely. He was much more severely affected by the illness than Howard. He had been comatose for about four weeks and was still semicomatose when Howard was admitted and this observation began. It was extremely difficult for the nursing personnel to care for

Frank in the semicomatose stage. Any attempt to touch him for comfort, treatment, or nursing purposes brought piercing screams. Howard, separated by a glass partition, had not been unconscious but was completely inactive. He had just begun to look at television programs for short periods as his only activity.

My contact with these children was a very fleeting one. I would stop at their room once or twice a day, trying to find signs of responsiveness to see when they would profit from more stimulation. During one of those visits Frank screamed again when his linen had to be changed. Howard called to the nurse, "If you cover him up he'll stop screaming," and true enough Frank stopped. When I visited the next time and asked Howard how they were, he said, "If I tell Frank to look at TV he'll look," and the little boy who otherwise was completely rigid did turn his head and look.

From then on we decided to let Howard be the one to tell us when Frank was ready for a new step. He would know at which angle the child could drink through a straw (he had had to be fed by tube for a long time before), which juices he preferred, and finally proceeded to help Frank say a word or two. The medical staff was deeply touched by Howard's empathy and his unfailing intuition about Frank's needs. He would demonstrate to Frank how to stretch his legs for his exercises in physical therapy, which the skillful therapist had not been able to do, and Frank, as if in a trance, followed the example. When Frank cried the only thing that could comfort him was Howard's voice.

When Howard was ready to be transferred to the convalescent unit, we decided to move Frank along even though he was completely immobile and had only partially recovered his vision. We feared a setback if he lost his only friend and protector at this point. At the same time we made it clear to Howard that he could get up now and join other children at play. But the two boys still shared their room for sleeping and Howard would stop by to share an occasional meal or play a little with Frank. When Frank just started to sit up, discharge time for Howard approached. One day when I fed Frank and needed an implement I asked Howard to get it for us. "Get it yourself," was the answer, a very appropriate one for a ten-year-old who now could let his defenses down and did not have to help the other child constantly in order to keep his own anxiety in check.

Both children did well after Howard's discharge. When Frank left two months later he had formed strong relationships with several adults and had learned to talk and play again.

The strong bond between these children did not stem from saintly altruism. It was produced by Howard's anxiety, but nevertheless was most helpful to both children in their very difficult time in the isolation room. The child care staff had to decide on the right moment to relieve Howard of his self-sought function and let an adult form the bridge between Frank and the outside world. (One of the touching elements of this case was the looks of the two boys: Ten-year-old Howard was a Negro, and little Frank a Eurasian.)

Another example of empathy as a defense against anxiety—in a way a denial of the patient's own helplessness—was the interaction of two children in our respirator center.

Kathy, seven, had been hospitalized for almost two years with a most severe case of paralytic polio and marked respiratory deficiency. A charming, lively girl, she was encased in an array of braces and machinery, had a tracheotomy and was in constant need of respiratory aid. Roger, eight, was a new child on the ward. He was bedbound but only his legs were paralyzed. As we knew from his history, he was an anxious child prior to his illness. Though coming to this ward with its many incomprehensible gadgets brought about an almost unbearable anxiety, he, too, found an outlet. He asked that his bed be moved close to Kathy's. He got permission to feed her and devotedly spent most of his time next to her during the two weeks these children shared their hospital experience. Roger's anxiety was far from removed, but it was temporarily relieved.

Roger's case was similar to Howard's; the close give-and-take with a sicker child helped these two boys hold the anxiety and their own illness in check. Both Howard's and Roger's I.Q.'s were below average, but they had amazing intuitive insight and power of observation.

Counteracting Regressive Tendencies

There is another area in which illness presents special problems of child care. Children who undergo serious body changes and are severely restrained in their motility through illness develop a distorted image of their body and its functions. Since they are unable to carry out independently such functions as eating or elimination, they at times are thrown back into feelings of the pre-oedipal phase. We found it very important to use all available substitutes, meager as they may be, to allow

children to function on their proper developmental level. Food is served family style and the children have some choice. They may visit the hospital kitchen or have some foods prepared on their ward, or are taken out for picnics. They are encouraged to assist in their bath, particularly to wash their own genitals. A mirror was hung in the tub room so that those children who are completely paralyzed and have no way to see or feel their body shape can, without having to ask and to believe others, see for themselves that the damage done to muscle functioning does not distort the rest of their body.

Another experience which counteracts regression by giving children reassurance that only part of their self is afflicted by the illness is their schooling. Bedbound children observe very sharply. This can be used in a creative approach to learning, fully utilizing the child's observations and thinking. Such vital participation in the learning process can make up for some of the enforced passivity and dependence. Learning can also represent a link between the *before* and *after* of a hospital stay. It can at least reassure the child that his thinking was not damaged by the illness and that the hospital, his own school and his parents are planning for a future. For these reasons learning has to be challenge and satisfaction, not rote learning.

Children do not need diversion, but opportunities to participate with all available emotional and intellectual energy in their daily living. The term *diversional activities* which is often used in hospitals is unfortunate, as it is a static concept rather than a dynamic one.

Let me give you one short illustration of the value of a learning experience:

Twelve-year-old Mark, a patient with severe paralytic polio and respiratory deficiency, started his school work two weeks after the onset of illness, while in the iron lung. His main interest was science, and we started in this field.

Many departments of the hospital cooperated. The plumbers and electricians collected old faucets and appliances we could disassemble. We began a collection of insects, including a pair of live praying mantises. When the mantises died in winter, there remained a nest of eggs from which hundreds of nymphs hatched early in February.

Mark prepared book reviews and reports. Since he couldn't write, we recorded them by tape recorder and sent the tape to his home school. After about a year in the hospital he was strong enough to sit up for an hour daily. When passing the doctors' laboratory on his way to the school-room he always tried to look in. We suggested he might like to use the doctors' equipment to study micro-organisms from his aquarium. He could not use his hands, but the teacher demonstrated how to stain slides and he could see them under the microscope. The doctors saved slides of disease-causing bacteria for him. This led to many questions about diagnosis and diseases, some of which were answered by trips to the virus research department and bacteriology laboratory. A research assistant learned of Mark's interest and arranged for a high school Science Club to hold meetings at the hospital where Mark could participate.

For Mark the hospital environment itself was a source of stimulation and exploration, thereby counteracting the isolation and depression brought about by long hospitalization.

Children Awaiting Placement

Different, ego threatening problems arise when children have to stay in the hospital beyond medical need. Finding good foster homes for young children after hospitalization for tuberculosis is particularly difficult. Therefore, many children stay on our convalescent tuberculous service longer than medically indicated. The child care worker in this unit functions like a nursery school teacher. She utilizes equipment and materials as well as relationships to give these children a chance for development in all areas.

These children often find the family constellation changed while they are away from home. Families move, new babies are born or a parent leaves the home because of illness or other reasons. It is almost trite to mention that if a new baby arrives while the child is hospitalized it must seem to him like a substitute for himself who is "no good any more." This experience confronted us vividly in little Johnny's case:

Three-year-old Johnny was waiting to be placed in a foster home. After an interval of many months, his mother, a shiftless and promiscuous woman, came unannounced for a visit and took Johnny home for the day. He was overjoyed

to see his older sister but was confronted with a new-born baby girl for the first time, though he had been told about her. Upon his return to the hospital he was sad and listless, and in an almost panicky way insisted that he be dressed in girls' clothing, including girls' shoes. It was obvious that this was not a playful whim but had some deeper meaning. When the same thing happened the next day we told him that we had lots of dress-up clothes he could use if he wanted to pretend that he was a girl, but that he was Johnny, a little boy, and we liked him and knew his mother liked little boys, too. We let him choose his shirt and pants but would not dress him as a girl.

Poor Johnny. Though he could not depend on his mother at all and had seen her only once or twice during his eighteen-month hospital stay, he was so gripped by his visit home that he felt if only he were a girl mother would take him home to stay. Only after his favorite adult had assured him that she liked little boys, and liked Johnny particularly, could he give up pretending to be a girl and resume his identity.

The child care worker thus must be able to deal with a wide range of problems. She must know how to function as a member of the clinical team, and must be capable of facing emotionally exhausting situations. She plays different roles, depending on the child, the illness and the family constellation.

Her background must have equipped her for the job. We believe that the child care worker can come to her work from any of the three obvious professions—nursing, education or social work. The most important thing is identification with the job, to help the child to come through the ordeal with as little adverse effect as possible.

We have found a background as an educator (grade school or nursery school teacher) to be particularly helpful. Both child and parents are able to relate the educator to persons who play a role in the child's outside life. The doctor, the nurse, the social worker come into the child's life with the illness. In contrast to these figures "connected with the hospital," the educator can be a figure "connected with health." The child care worker can, and should, become a symbol of the child's future.

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INTERNATIONAL PROBLEMS, PROGRAMS AND UNMET NEEDS OF CHILDREN*

Julia Henderson

Director of Social Affairs
The United Nations

United Nations agencies are attempting to help governments with all major problems affecting the lives of children, but in underdeveloped regions the needs of children remain largely unmet.

THE problems of the children in the economically underdeveloped regions of the world—Asia, Africa, Middle East and Latin America—are fundamentally problems of poverty, illiteracy and disease. The number of emotionally disturbed children, delinquent children and handicapped children grows as urbanization takes place, but these problems are still secondary to the obtaining of food, shelter, schools and basic health services.

Poverty is the most intractable problem facing the two billion people living in the underdeveloped countries. While the gross national product per capita in the twenty most highly industrialized countries is about \$1,400, figures for forty-two underdeveloped countries show \$79 per capita for Asia, \$178 per capita for countries in Africa, and \$266 per capita for countries in Latin America.

While all countries are making efforts to raise the levels of living, the problem in the underdeveloped countries is greatly complicated by the rate of population growth. In most it is more than 2 percent a year, and some countries show a rate as high as 3.5 percent. The latter figure means the doubling of a population in twenty-three years. At present rates of growth, the two billion people living in the underdeveloped regions would become five billion by the end of the century.

The percentage of children in the population of these areas is growing because modern health methods have had immediate and radical effects in reducing infant mortality. The older segment of the population is also growing. Thus the dependent population is increasing faster than the productive population, making the economic growth problem more complicated. There are seventy-five million live births a year in the underdeveloped regions of the world today. This may be trans-

lated into staggering requirements for food, clothing, housing, schools and health services.

The Problems of Poverty

One of the problems of poverty affecting children is poor diet. Statistical information about diet is still incomplete, although the Food and Agriculture Organization of the United Nations judges that food supplies are more adequate in most of the countries of the world today than they were before World War II. There are still large areas where the diet of the children is deficient in protein, and the problem of nutrition in the cities is increasingly grave.

Another problem of poverty is the lack of adequate housing for low income families. This is a world-wide problem on which we have made little progress since World War II. The rate of population growth combined with moves to urban areas has resulted in a deteriorating situation which has important implications both for health and for family life.

Disease is still a high priority problem for children and their parents in the underdeveloped regions. The combined effects of ignorance, lack of medical attention and unsanitary living conditions result in much sickness which could be prevented. Relatively few mothers get competent help in childbirth. Some 450,000 more midwives need to be trained in the underdeveloped regions. A half century of effort at the present level would still supply only one doctor for every 30,000 people in these regions, compared with one doctor for about 1,000 in the industrialized countries. In addition to the problem of care of the mother and young child, the chronic diseases afflicting the underdeveloped regions—malaria, tuberculosis, yaws, trachoma and leprosy—are still to be conquered.

* From a talk given at Central Regional Conference Dinner Meeting, Dayton, Ohio on March 11, 1960.

While national governments, with the help of international aid, have made great strides in bringing school-age children into school, 45 percent of the school-age children in the underdeveloped countries are still without educational facilities. The situation is even more serious in the secondary school stage. Education is given extremely high value in nearly all of the underdeveloped regions and particularly in Africa, but neither financial aid nor the supply of teachers is adequate.

Finally, the problem of social disorganization is becoming more acute in this post-war generation, with the movement of rural people into urban areas. This has had an immediate effect on the structure of the family and has greatly increased the number of working mothers. With the inadequacy of the schools, this problem has resulted in millions of children without adequate care. The creation of large refugee populations by the political upheavals in the Indian sub-continent, in the Middle East, in Korea and Vietnam has had tragic consequences for children.

Help From the United Nations

To help national governments cope with all of these problems affecting the lives of children, the United Nations and its specialized agencies have engaged in a wide range of programs to promote economic development and high standards of living in the underdeveloped countries. In the economic field, the United Nations has given highest priority to increasing agricultural products, to industrialization, and to exploitation of natural resources. In the health field, the World Health Organization has given highest priority to wiping out malaria and to providing basic health services. In nutrition, the Food and Agriculture Organization has concentrated on building up permanent sources of local foods and on giving nutrition education. United Nations Educational, Scientific and Cultural Organization has pressed the extension of compulsory primary education, particularly by helping countries train teachers. The United Nations itself has an extensive new program for low-cost housing and community facilities.

The United Nations, from the beginning, has given high priority to social services for

children, emphasizing always the principle that the child should be helped in the context of his family and his community. The United Nations Children's Fund is the operational arm for all United Nations activities on behalf of children. At the present time, UNICEF is providing material aid for approximately 340 projects in 102 countries. It allocates voluntary contributions from the governments of about twenty-five million dollars per year for this work. These funds are matched by funds from the national governments which receive this help.

While we may conclude that the United Nations agencies are attempting to help governments tackle every major problem affecting the lives of children, it must be recognized that this assistance is most inadequate to meet the tremendous needs of children in the underdeveloped regions. The annual cost of all economic and social activities of the United Nations and its specialized agencies is less than the cost of a single missile fired from Cape Canaveral.

While much in international aid is needed, it will only be effective if the countries immediately concerned take public responsibility for child welfare, and supplement the efforts of voluntary groups within their countries. The role of government, as well as the role of external aid, can easily be seen if we contrast the rate of progress in areas such as Puerto Rico, or ex-British territories in Africa, or even in the outlying points of the Soviet Union, with the neighboring countries where there has been no consistent effort by the national governments to raise the level of living of the rural populations.

Finally, it must be concluded that much greater attention will have to be given in the next decade to the nonmaterial problems of families and children in the underdeveloped regions. The problems of social disorganization are extremely difficult, and they have an important bearing on peace and stability throughout the world. We must meet the revolution of rising expectations in the underdeveloped countries by far bolder measures than we have so far attempted. The world cannot remain at peace while there exist such great contrasts between the lives of the rich and the poor.

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ANOTHER LOOK AT AGENCY-CHEST RELATIONSHIPS

Robert M. Mulford

General Secretary
Massachusetts Society for the Prevention of
Cruelty to Children

Mr. Mulford comments on "The Relationship of a Statewide Agency to Community Chests," by Clyde Getz, which appeared in the October issue.

OUR agency, like the Children's Home Society of California, is a statewide agency. It receives support from some sixty Community Chests and United Funds throughout Massachusetts, as well as from our own fund-raising efforts in some 180 of the state's 351 towns. Our agency has been a participant in Community Chests and United Funds ever since they began to develop and, to the best of my knowledge, participates in every such central fund-raising organization in the state.

Before the advent of Community Chests and United Funds, we raised money for our operating expenses through the organization of local town committees whose activities were directed by fund-raising staff in the central office. The Society now maintains seventeen local offices and the varieties of supporting fund-raising are many. In one county there is a county-wide fund, developed with energetic support of the local Society board, which uses much of the personnel in local communities which had been the Society's fund-raising organization. In other areas the Society's local program is financed through a combination of Community Chests, United Funds and the Society's own local town committees. There are other areas where there are no Community Chests organized, and where the Society has supported its local office entirely through its own fund-raising organization.

Our local fund-raising committees do not attempt to raise money in Chest territory, and the agency solicits memberships in only one community where we participate in a United Fund. The emphasis in our own fund-raising efforts has been entirely on trying to raise money in non-Chest territory to support the agency's local program in that community. We have not been able to achieve this to our satisfaction, and have just recently employed a director of development to step up our

over-all public relations and fund-raising program. The initial goal is greatly increasing support in non-Chest territory. For the future, we see also the necessity of working closely with Chests and United Funds to develop legitimate support for the agency which will not detract from Chest and Fund solicitation in these areas.

At the present time in Massachusetts, 90 percent of the population is covered by Community Chests and United Funds. The remaining 10 percent of the population is therefore a prime target for our agency's fund-raising activities at this moment. The fact is that in some of the 180 communities in which we raise funds, potential support far exceeds the community's fair share of the operating cost of our program. Using the years 1952 and 1959, which Mr. Getz has mentioned in his paper, we find that our direct mail appeal income (and practically all of our local appeals are direct mail although some of them also use a variety of other means of raising money, such as theater benefits, bridge parties, barbecues, auctions, open house showings, and sponsorship of various kinds of entertainment) increased by 37 percent, from \$27,905 to \$38,351. Our income from Community Chests and United Funds increased 40 percent, from \$181,089 to \$254,548. Interestingly enough, our income from invested funds increased 39 percent, from \$170,109 to \$236,835, and withdrawals from capital increased from \$47,072 to \$141,304, or an increase of 200 percent. It can be seen from these figures that although the income from Community Chests and United Funds increased significantly, by far the major percentage increase came from the Society's funds and efforts.

The spread of support from various Community Chests and United Funds is wide. While a number of the smaller funds and a

very few of the larger ones allocate 100 percent of the amount the Society requests, others allocate decreasing amounts, some less than 50 percent of the request. These facts reflect the same difficulties Mr. Getz mentions, which Community Chests and United Funds are facing in raising enough money to finance local and national agencies. They also reflect the national record of larger allocations to various group work programs than to family and children's services.

The Need for Expanding Services

Our agency operates a statewide, privately-financed child protective service.¹ The public agencies in Massachusetts do not provide this service as they do in many other states. The agency is currently asking whether a private agency can and should continue to operate a coverage service in the field of child protection in the face of increasing costs for the present program and the great unmet need for basic preventive casework service, and the fact that Community Chests and United Funds do not seem able to keep up with these increasing costs.

As Mr. Getz mentions in connection with his program, the agency is faced with the challenge to increase services rather than reduce them, in the face of an increasing population of children who need the kind of help which the agency program is able to provide. In his adoption program, public agencies have joined his agency in carrying responsibility and in expanding their programs. Our agency research consultant has developed a research proposal for a study of the relative responsibilities of the public agencies and our agency for providing child protective services in the State of Massachusetts, and we hope the financing for such research will be forthcoming. It is clear, however, that even if the public agencies are willing and able to take over part of the child protective program presently carried by our statewide private agency, our budget will not decrease significantly since there are present needs which are not being met.

By and large, the agency's relationships with Community Chests and United Funds

¹ In some communities, the Society also administers child placing, adoption and family counseling programs.

have been helpful, and the support from such fund-raising organizations is invaluable. I would agree with the three points Mr. Getz makes in regard to the partnership between an agency and federated fund-raising bodies.² It seems clear, however, on the basis of experience in most communities, that whereas certain business interests and many individuals subscribe to the idea of one fund-raising campaign for all private health and welfare agencies, there are many others who are willing and anxious to express their interest in individual programs by giving additional support to these programs which they will not give to the federated fund-raising organization. In the last analysis, then, the community loses vital support and interest from such people if it is not possible for them to carry out their interest in a particular program with which they have been identified.

What Mr. Getz's agency has been doing in California thus seems a logical and necessary step if private agency programs are to continue to meet increasing and new needs for service. The more aggressive the leadership and fund-raising activity on the part of private agencies with high standards of service, the more needs of families and children can be served. What community in the last analysis will want to stifle the development of increased services to people by arbitrary controls on the fund-raising efforts of reputable agencies? This is a question which needs continuing discussion between federated fund-raising personnel and those of reputable private agencies.

Public Interpretation

The agency's responsibility for public interpretation of its program should not be minimized. Whether it participates in a Community Chest or United Fund, or carries on direct solicitation for the support of its work,

² *Ed. Note:* Mr. Getz said that "the partnership between an agency and federated financing bodies can be helpful to both organizations and to the community if: 1) It has been demonstrated that the agency, encouraging and working with public agencies, has a continuing and vital role in meeting urgent unmet needs. 2) Both the agency and the Chest try to carry out their responsibilities as partners in the federated fund program and maintain a sympathetic and understanding attitude toward each other's problems in meeting community needs. 3) The agency has the strength to exercise its autonomy and the initiative, imagination, determination and resourcefulness to develop independent sources of income in a way which the Chest can find acceptable."

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it must present a clear picture of its service and the value of that service to the giving public. In an expanding economy, social agencies must compete for the dollar with many other interests.

Along with stepping up our own public interpretation program in areas where we carry on direct solicitation, we are also making a concerted drive to provide the various federated fund agencies throughout the state with materials which they can use in interpreting our program. If an agency does not have public relations staff to provide this kind of

material, it should at least aggressively present the public relations staff of the federated fund-raising agency with the kind of information which it could use to promote understanding and support of the agency as one of the fund's recipients. Sound interpretation of the agency's program and services will result only in better support of the fund as a whole. As Mr. Getz points out, the stronger the agency's position in terms of its own fund-raising program and public interpretation, the stronger its position will be with Community Chests and United Funds when it comes to allotment time.

CONFERENCE CALENDAR—1961

South Pacific Regional Conference

March 9, 10, 11
Jack Tar Hotel, San Francisco, Calif.
Chairman: Donald D. Dowling, Executive Director
Edgewood
Vincente at 29th Ave.
San Francisco 16, Calif.

Central Regional Conference

March 16, 17, 18
Carter Hotel, Cleveland, Ohio
Chairman: William D. Schmidt, Executive Director
Children's Services
1001 Huron Rd.
Cleveland 15, Ohio

New England Regional Conference

March 23, 24, 25
Statler Hotel, Hartford, Conn.
Chairman: John F. Stanton, Agent
Massachusetts Society for the Prevention of
Cruelty to Children
32 Lawrence St.
Lawrence, Mass.

Northwest Regional Conference

April 23, 24, 25, 26
Olympic Hotel, Seattle, Wash.
Chairman: Edwin R. Hardman
Ryther Child Center
2400 E. 95 St.
Seattle 15, Wash.

Midwest Regional Conference

April 10, 11, 12
Schroeder Hotel, Milwaukee, Wisconsin
Chairman: Rt. Rev. Msgr. Joseph P. Springob
Director, Catholic Social Welfare Bureau
207 East Michigan St.
Milwaukee, Wisc.

Eastern Regional Conference

April 13, 14, 15
Statler Hotel, New York, N. Y.
Chairman: Jacob Hechler, Director
Pleasantville Cottage School
Pleasantville, N. Y.

Southern Regional Conference

April 26, 27, 28, 29
De Soto Hotel, Savannah, Georgia
Chairman: Mrs. Frances V. Baird, Chief
Child Welfare Section
State Dept. of Public Welfare
State Office Bldg.
Atlanta, Ga.

Southwest Regional Conference

May 7, 8, 9, 10
Lassen Hotel, Wichita, Kansas
Chairman: Miss Marie C. Scott, Executive Director
Kansas Children's Service League
1825 West Maple
Wichita 13, Kans.

National Conference on Social Welfare

May 14-19
Leamington Hotel, Minneapolis, Minn.
Charles B. Olds, Executive Secretary
Children's Home Society of Minnesota
2230 Como Ave.
St. Paul 8, Minn.

Casework Practice and Recording

The National Practice and Recording Committee selected as its focus of study, for the 1959-61 period, "Examination of Casework Practice as Reflected in Recording," using as criteria the published *Standards* of the Child Welfare League of America.

The National Case Record Committee was formulated by the League as a result of requests from agencies for help in recording casework practice, and for record material that had value for teaching purposes. Agencies looked to the League to set standards and to provide examples of the best in recording practice. Biennially, the National Committee chooses an area of recording practice that poses problems of common concern to League member agencies. Records that adequately portray the focus of study are selected for the exhibit.

Records are a documentation of an agency's service to the client. There is general agreement that the purpose of the record is to expedite the work of the agency in providing effective service to the client and community. Problems in the area of recording faced by most agencies are: keeping records up to date, evolving methods to improve recording techniques and skills of the practitioner; producing condensed yet meaningful records that effectively serve the agency and client and have value for research purposes; reducing the cost of recording, which is relatively high considering the uses made of the recorded material.

In previous years, as regional committees engaged in the study and formulation of criteria for record selection based on the particular focus of study, there were evaluations of whether or not the record portrayed good practice. It seemed impossible to separate recording from practice. Publication by the League of the *Standards* for adoption service, foster family care service, homemaker service, and protective service, provided the committee with a valid basis for examination of practice in relation to the *Standards*, and their reflection in the recorded material. The name "Practice and Recording Committee" was selected in 1959 as representative of this expanded focus of activity.

The plan of operation for the first year was to have participating agencies submit records to the regional committee for study purposes. Records would be examined by the committee to answer these questions: Are we meeting standards of practice? Are the standards of practice reflected in the record? Is this type of recording effective for this particular service?

Executives of agencies participating on the regional committee were encouraged to set up record committees within the agencies for study of the *Standards* and examination of the agency's practice as revealed in their records. The idea is frequently put forth that agencies engage in sound practice, but recording is poor. A view of recording in the light of the *Standards* would enable the agency to validly determine whether their practice was adequate but their recording inadequate. The study of the *Standards* would point up areas needing change of emphasis and further implement the use of the *Standards* in practice and in recording.

This emphasis proved of vital interest to League member agencies, judging from the activity engaged in by each area. There was an increase in requests for the Case Record Collection and numerous requests for copies of the *Standards* for each service. Many agencies, although interested, expressed an inability to participate because of staff shortages. On the twelve Regional Committees, 137 agencies were represented. Committees were set up within many of these agencies for the purpose of studying the *Standards*. Of real value were the factors revealed in these studies, and the exchange of findings and methods used to implement good standards of practice and improve recording techniques. Reports of regional activity were given to all League member agencies in each area. Institutes on Recording were given by members of the Practice and Recording Committees of Region VIII and XII at the Central and South Pacific Regional Child Welfare League Conferences. Several committees manned the Case Record Exhibit held at League regional conferences,

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and others have planned to present their findings to the field at conferences in 1961.

Findings on Casework Practice

The composite report of the past year's study engaged in by agencies on regional committees revealed the following: There is a basic awareness and knowledge of good standards of practice, and conscious movement towards achieving these goals in areas where practice does not meet standards. Examination of areas where practice failed to measure up to standards revealed that the causes are related to administrative emphases, staff standards, inadequate or restrictive legal framework, and variation in interpretation of laws in the community governing care of children.

In many areas there is need for social action to obtain laws that offer better protection for children, and for improved relationships between the agencies and the court which will support a sound determination of whether children should be removed from parents and placed. Because of the limited protection which state laws governing adoption provided the child and adoptive parents, independent adoptions far exceeded agency placements. Some agencies are involving their board members in the study of the *Standards* in relation to the agency's current practice.

Most agencies offer service to the unmarried mother and to her parents, but rarely provide casework service to the alleged father. A few are extending their services to meet this standard. Question was raised in some regions about the two statements in the *League Standards* on the question of religion, and the problem this posed for agencies because of variation in state laws. There is also variation in state laws governing methods of termination of parental rights.

Many agencies fall down seriously in working and planning with parents of children in foster care. Because of community pressures to move quickly in the placement of children, agencies frequently resort to emergency measures, making only limited evaluation of the total family situation. This was noted in some agencies where a large percentage of cases are financed by subsidies from public funds. Many

agencies are attempting to effect change in policies that interfere with maintenance of standards, through inter-agency committee activity focused on these areas of practice. Discussion pointed up that no agency can do the total job; each agency has to decide what it can contribute. This decision must take into account needs of families for services and what other agencies in the total community are prepared to offer. A firm agency commitment is necessary for correction of gaps and problems. It may force the community to face the problem directly and provide a solution.

Internal methods utilized by some agencies to promote improved services to parents and children are: (1) setting up of administrative controls that insure periodic review and re-evaluation of cases, (2) the use of case aides to bring families and children together for visiting, (3) development of a volunteer program under professional direction and ongoing training to provide transportation to "drifting" parents who are derelict in visiting their children in placement, (4) development of pre-placement review committees to assure clarity of thinking in planning the length and treatment purpose of placement and the effect of placement on the child and family, (5) setting up of committees to evaluate cases currently under care, to determine if the children should have been placed or other plans for care made.

Findings on Recording

The study and examination of records submitted by agencies showed recording practice generally in accord with standards. Areas of weakness in an agency's practice were also reflected in the recorded material. Although there is a growing trend towards use of summarized recording, many records still show a lack of selectivity of material. There was discussion of the fact that frequently significant material known to staff and essential for diagnostic evaluation and treatment is not recorded or is obscured in a maze of details. The role of the worker is not always portrayed and too often the recording is done so long after the interview that much meaningful material is lost.

Although the worker is the primary producer of the record, there is lack of emphasis on

teaching recording in schools of social work. Because of the extensive use of process recording in the training period, many workers continue this method in their agency experience. Others generally follow traditional practice and attempt to produce what they believe the supervisor or agency wants, although this is not always clearly defined. To resolve problems in the area of recording, many agencies have set up recording committees to analyze their present recording methods. Other agencies have focused on a program of intensive in-service training to sharpen diagnostic and treatment skills, with resulting improvement in recording. Some agencies include material on recording in orientation programs for new workers.

Administration has a definite responsibility for standards of recording. It should provide a clear concise written statement about the purpose of its records, and develop policy in regard to general content and frequency of recording.

Standards for recording should be set up in the same manner as standards for practice. The study engaged in by regional committees has provided material for formulating criteria for recording. The following general content requirements appeared applicable to records for each service:

- Problem presented by client—his stated need for service.
- Current situation and history significant to problem.
- Clients understanding of service and assessment of capacity to utilize help.
- Diagnosis and treatment goals.
- Response to service rendered.
- Final plan or disposition.

Refinement and further delineation of content will be necessary in setting up criteria for recording for each service. The Practice and Recording Committee will select for the 1961 record collection records for each service that demonstrate application of standards in practice.

ANNA MAE EARLES

*National Chairman
Practice and Recording Committee*

BOOK NOTES

Group Methods in Supervision and Staff Development, Arthur C. Abrahamson, New York: Harper & Bros., 1959, 201 pages, \$3.75.

If one is seeking information about, or support of, group supervision as a replacement for more conventional supervisory methods, or as the primary method, he will be disappointed in this volume. He will find instead a carefully developed and well-documented thesis that the use of group methods in carrying out supervisory and staff development functions are extremely valuable, alongside supervision and consultation conducted on an individual basis. Use of the group as a timesaver is mentioned. Another very important aspect which is not stressed as such, but appears in illustrative material, is that it is the method of choice for certain kinds of learning, whether of students in training, untrained staff members, or trained staff members at any level of competence.

Use of group methods is not new, as the author outlines in a brief section on "Historical Highlights." What is new is that Mr. Abrahamson puts the whole thing into a conceptual framework. In the first half of the book he develops, as they apply to group methods, the societal and human value concepts of social work, principles and their application, and skills and techniques in teaching. In the last half of the book he gives six group conference case studies (including process and methods) along with his own comments. These are from widely varying settings and are a real addition to our social work literature.

From all the illustrations in the book one gets the feel of the group process, the interaction between it and individual supervision and psychiatric consultation. And one develops increased clarity as to the kind of growth and development that is stimulated and affected by each of the varying methods.

Two things stand out as essential if the group method is to be effective: First, the need for a carefully planned and well-executed program of staff development, based upon evaluation of the needs of the various workers in their attempts to serve clients effectively within the agency setting; and second, need for a leader with the special knowledge and special skills required for group leadership as

differentiated practice, an individual basis, and supervisory

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differentiated from casework and group work practice, and from supervision on an individual basis, although experience in practice and supervision also are needed.

The early pages of the book do not capture and hold attention but, if one perseveres, interest picks up and ideas and concepts begin to fall in place. Concepts are so well delineated, and come to life so well in the later pages through excellent use of illustrative material, that they easily stimulate the reader to assess the supervisory and staff development

program of his own agency—and perhaps to think of it in a new way.

The book might well be used as a yardstick against which to measure the effectiveness of an agency's supervisory and staff development program and also to evaluate the effectiveness, or the potentialities, of any particular group leader.

DOROTHY V. THOMAS

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CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch; minimum insertion \$3.00. Deadline for acceptance or cancellation of ads is **sixth** of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

CASEWORK SUPERVISOR:

Non-sectarian, child placement agency. Services include intensive casework with deeply troubled parents and children, and placement in foster family care and family day care homes. Controlled case-loads, regular psychiatric consultation. Qualifications: MSW, experience in supervision, recent work in child welfare, including adoptions preferred. Responsibilities include supervision of qualified staff with related community and administrative activities. Salary \$6384-\$7980 in 5 steps. Can appoint at \$7140. Mrs. Ernestine Wood, Director of Casework, Children's Bureau of Los Angeles, 2824 Hyans St., Los Angeles 26, Calif.

CASEWORKER II or III for multiple-function child placement agency to be responsible for cottage placed and foster home placed children and their families. Psychiatric orientation, excellent supervision, MSW required. Retirement plan, Social Security and good personnel practices, health insurance, member CWLA. Salary: Caseworker II, \$450-\$563; Caseworker III, \$503-\$629. Vista Del Mar Child-Care Service, 3200 Motor Ave., Los Angeles 34, Calif.

CASEWORK SPECIALIST, male, for residential treatment unit for boys. Psychiatric orientation. Responsibilities include work with children, parents, residential staff, psychiatrists, psychologists, and teachers. Prefer experienced worker. MSW from accredited school of social work required. Retirement plan, Social Security coverage, good personnel practices, health insurance, member CWLA. Salary commensurate with training and experience. Vista Del Mar Child - Care Service, 3200 Motor Ave., Los Angeles 34, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, \$5400-\$7548 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 855 S. Figueroa St., Los Angeles 17, Calif.

CASEWORKERS—Several immediate openings for mature, flexible, competent persons. Challenging work situation. Required: MSW, with or without experience in child or family welfare agency. Salary related to applicant's qualifications. Fringe benefits. Write: The Adoption Institute, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

CHILD WELFARE SERVICES WORKERS for Southern California county. Opportunities in adoption included. Worker II (\$5718-\$6900) requires year's graduate study in social work and 2 years' experience or 2 years' graduate study. Worker I (\$5142-\$6192) requires 1 year's graduate study in social work. Paid vacation and sick leave, part-paid health insurance, liberal retirement benefits. County Personnel, Courthouse, San Bernardino, Calif.

ADOPTION CASEWORKER in Catholic Agency. Member of CWLA. Psychiatric consultation, student training program and seminar in-service training. Social Security, retirement and paid major medical insurance. MSW required. Salary to \$7,000 based on experience. Richard F. Mastronarde, Assistant Executive Secretary, Diocesan Bureau of Social Service, 244 Main St., Hartford 3, Conn.

CASEWORKERS in private, non-sectarian, statewide, multiple agency providing family counseling; boarding, day care and adoption home placements; comprehensive services to unmarried mothers; residential treatment for emotionally disturbed children; and protective services. Controlled case loads, excellent supervision, psychiatric consultation, student training program. MSW required. \$4800-\$7000. Initial salary based on qualifications. C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

GROUP WORKER. Residential treatment center for emotionally disturbed children ages 6-12. Work with small groups in treatment-oriented group work program. Some supervisory responsibility. Excellent supervision, psychiatric consultation. Required: MSW, experience in direct work with small groups. Male, \$4800-\$7000. Initial salary based on qualifications. C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

CASEWORKER for expanding clinical services in private residential treatment institution serving adolescent boys. Requirements: MSW. Salary range \$5,000-\$7,000 can appoint at \$5600, if experience warrants. Supervision geared to developing professional maturity, regular psychiatric consultation. Regular increments, 1 month's vacation, Social Security, hospital & medical benefits, life insurance, lunch provided. Ideal country location, 1 hour from Hartford, 2½ hours from New York City. Write Frederick E. Curtice, Director of Casework, Connecticut Junior Republic, Litchfield, Conn.

SCHOOL SOCIAL WORKER—Challenging opportunity to initiate and develop a new school social work program. Leadership organizational and consultative responsibilities. Offering in a selected number of schools, school social work services and working in a liaison capacity with other community social services. Requirements: Candidate should present MSW, demonstrated leadership and organizational abilities and skills as a caseworker, experience in a school setting desirable. Starting salary based on training and experience. Mr. Ralph M. Ganz, Superintendent of Schools, Administration Bldg., New Britain, Conn.

SUPERVISOR OF CASEWORK: Family and Child Care Agency—Qualifications include professional education and experience in casework practice and supervision of qualified staff with psychiatric consultation. Agency functions: family casework, foster care of children, service to unwed parents and adoption. The responsibilities include directing casework services and student program with related community and administrative activities. Salary commensurate with good practice and current standards. Social Security and retirement benefits. For further details of position write: Miss Jane K. Dewell, District Secretary, The Diocesan Bureau of Social Service, 478 Orange St., New Haven 2, Conn.

CASE SUPERVISOR—Supervise staff of workers in public assistance or child welfare services in rural county. Pleasant working conditions, 35 hour week, 4 weeks vacation. Liberal sick leave, car furnished where needed, all expenses paid on agency business. Opportunity for advancement. Required: 2 years social work school and 2 years of full-time professional employment in family or child welfare agency. \$4950-\$6440. Can appoint at \$5546. Good State retirement plan integrated with Social Security. Miss E. Kathryn Pennypacker, Chief, Bureau of Social Services, State Department of Public Welfare, Box 309, Wilmington 99, Dela.

ADOPTION WORKER needed for progressive, growing, southeast Florida community. Salary commensurate with experience. Full training required, adoption experience desirable. For details write Miss Margaret G. Muller, State Director of Services, Childrens Home Society of Florida, P.O. Box 5587, Jacksonville 7, Fla.

CASEWORKERS—An opportunity to live and work on Florida's Gold Coast in a small multi-function child and family agency. Immediate opening for experienced adoption workers. Good personnel practices. Active board. Opportunity for advancement in an expanding program. Starting salary \$4800-\$5800 based on experience. Write: Father Bryan O. Walsh, Catholic Welfare Bureau, 395 N. W. First St., Miami 36, Fla.

GROUP CARE SUPERVISOR. Supervise group life program of CWLA member multiple-service

agency. Psychiatric consultation, student supervision, opportunity for administrative training. Master's degree, group work preferred. Experience required. Salary \$5000-\$7400 plus housing. Position open January 1, 1961. Apply to Robert I. Beers, Lake Bluff Children's Home, Lake Bluff, Ill.

CASEWORKER, professionally trained for service to children in foster homes and an institution serving 68 children, infancy to 14. Placement of pre-school children urgently needed. Salary from \$5100 depending upon qualifications and experience. Write, Gene B. Meier, Executive Director, Children's Home of Rockford, 631 N. Longwood, Rockford, Ill.

EARLY OPENINGS for **CASEWORKERS** MSW beginning \$4800-\$6500 according to experience. Small diversified case load. Advanced personnel practices. Social Security and Retirement. Agency member FSAA and CWLA. Pleasant working conditions. Write Luna E. Kenney, Director, Family and Children's Service, 313 S.E. 2nd, Evansville, Ind.

CASEWORKER: Vacancy beginning October 1st for person with MSW. Starting salary \$5400-\$6000. Can appoint at \$6000. Multiple-service Catholic agency has field work students from Loyola University, Chicago, Psychiatric consultation. Catholic Social Service Bureau, 673 Broadway, Gary, Ind.

BUREAU OF INDIAN AFFAIRS—CAREER CIVIL SERVICE APPOINTMENTS—Several social workers with at least one year of professional training and some experience are needed to work with families and children on Indian reservation in the West and the Middle West. Vacancies also in Alaska. Colorful environment, varied activities, opportunities for use of initiative and resourcefulness, and good opportunities for promotion. Most positions start at \$6435; some higher; 25% additional cost of living allowance for Alaska. Write to Branch of Welfare, Bureau of Indian Affairs, Washington 25, D.C., for application or additional information.